**University of Alberta**

# The Experience of Contemporary Peacekeepers Healing from Trauma

By

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For the Peacekeepers,

who were willing to give a voice to their suffering

while healing from the trauma of peacekeeping

# Abstract

This research study was a philosophical interpretive inquiry into the experience of contemporary peacekeepers suffering from trauma. The question, *what is the experience of contemporary peacekeepers healing from trauma?* reflected a commitment to understanding the nature of healing from the trauma of contemporary peacekeeping deployments. Throughout this study, an interpretative phenomenological approach (van Manen, 1998a) was appropriated from various texts to uncover the experience of contemporary peacekeepers who have sought treatment for trauma resulting from recent deployments to Somalia, Rwanda, and the former Yugoslavia. Data was collected via one tape–recorded interview, lasting between 1 ½ to 3 hours, with ten contemporary peacekeepers who had been deployed to Somalia, Rwanda, or the former Yugoslavia. The participants included six soldiers, two chaplains, one medic and one female nurse. Each of the participants had received treatment for trauma a minimum of two years following their deployments. Narratives from the transcribed interviews were reviewed with four of the participants and reflective journaling by the researcher provided further clarification of the data to understand the experience. Data analysis was undertaken throughout the research study by utilizing a thematic analysis of text in which themes emerged to document and understand the ways in which contemporary peacekeepers heal from trauma. The peacekeepers' descriptions of the situatedness of their bodies in time, space and relation provided a fresh way into understanding the embodied nature of healing from trauma. Three overarching analytical interpretations emerged from the inquiry which will contribute to more effective practice guidelines for the care of contemporary peacekeepers suffering and healing from trauma.

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# CHAPTER ONE: COMING TO THE QUESTION

## Introduction

Tragically, war and other forms of violence are common occurrences in human history. War and peace are the epic saga of humanity. War and peace are intertwined as in the words of Saint Augustine (as cited in David, 2003): "The purpose of all war is peace" (p.26). In 1956, the late Prime Minister Lester B. Pearson was awarded the Nobel Peace Prize for the concept of a United Nations (UN) peacekeeping force to ease British and French forces out of Egypt (Allan, 1996). This initiative was the first genuine international force deployed under the UN flag (Hensley, 1995). Canadian military peacekeepers have been involved in UN peacemaking, peacekeeping, peace building and North Atlantic Treaty Organization (NATO) peace enforcement in over 65 missions with more loss of life than any other country (Renner &Ayres, 1993).

The term peacekeeping is not found in the UN Charter (Hensley, 1995). Many refer to classical peacekeeping as belonging to the unwritten Chapter Six ½ of the Charter, placing it between traditional methods of peacemaking i.e. mediation, observers and fact-finding (Chapter Six) and more forceful action (Chapter Seven) such as embargoes and military intervention to enforce peace (Dallaire, 2003). The key principles that define classical peacekeeping operations are impartiality, neutrality, consent by both sides, a stable cease-fire and Rules of Engagement (ROE) which require the absolute minimum use of military force (i.e. self-defense) as a last resort (Allan, 1996).

Classical peacekeeping worked well during the Cold War, where two countries requested the aid of UN peacekeeping forces to defuse conflicts that could draw in the major superpowers and lead to nuclear Armageddon (Dallaire, 2003). In 1989, the collapse of the Cold War symbolized by the dismantling of the Berlin Wall took the UN by surprise (Renner & Ayres, 1995). The UN was not prepared for the blurring and redefining of some national boundaries and the emerging chaos of small-scale intrastate ethno-political conflicts (Rieff, 1994). The UN had a framework for understanding and attempting to deal with interstate conflicts but not post-Cold War intrastate wars. While the roots of the cultural and ethnic animosities that lead to these intrastate conflicts had their beginnings long before the Cold War, the close of the Cold War brought a period where the world community became more aware of these ethno-political conflicts and the superpowers became less willing to intervene (Renner & Ayres, 1995). Instead, the UN has been increasingly called upon to send in peacekeepers to deal with these intrastate wars. Thus, in recent years, peacekeeping has become synonymous with (intrastate) war. Critics such as retired Canadian military leaders Mackenzie (as cited in Off, 2001) and Dallaire (2003) have stated that classical peacekeeping is based on a hopelessly outdated model in the light of such intrastate debacles as Rwanda, Somalia, and the former Yugoslavia. The violence of these intrastate wars has left a lasting impact on contemporary peacekeepers.

Throughout history, nursing has had strong roots in the health care of soldiers who have served in war and peacetime deployments. Currently more nurses in all practice settings are increasingly working with military personnel as dedicated health services are eliminated from military bases. Nurses are providing care to contemporary peacekeepers thrown into intrastate wars and consequently, suffering from physical as well as psychological trauma. Peacekeeping is an embodied event in that peacekeepers attempt to keep their bodies and other bodies safe. However, often this very embodiment directive is prevented by mandated external controls such as the Rules of Engagement (ROE) that require the absolute minimum use of military force as a last resort. Contemporary peacekeepers who suffer from trauma are shaken in their very embodiment by war, genocide, slavery, torture, abuse, rape and other forms of violence. The aftermath of trauma i.e. dissociation from the body, drug and alcohol abuse, suicidal ideation and suicide attempts, depression, promiscuity, anxiety, rage, feelings of terror and frantic attempts to relieve distress have a great deal to do with living comfortably (or not) in the human body (Young, 1992). The experience of trauma makes profoundly troubling the centrality of the body in human existence and the body's claims upon us (Winkler & Wininger, 1994). It is this, the problematic area of embodiment, which is so often overlooked or minimized in discussions of trauma (Young, 1992). It is vital that nurses understand the experience of contemporary peacekeepers healing from trauma for the provision of knowledgeable and sensitive care.

## Researching from Experience

The question, *what is the experience of contemporary peacekeepers healing from trauma?* emerged from my nursing practice experience caring for contemporary Canadian peacekeepers. I came with several questions in mind: How do contemporary peacekeepers heal from trauma experienced in lived body (corporeality), lived space (spatiality), lived human relation (relationality or communality) and lived time (temporality)? What is the experience of contemporary peacekeeping and how does it lead to trauma? Are contemporary ways of treatment helping peacekeepers to heal? What is the meaning of dissociation as conceptualized in the treatment of trauma? What sense can I as a researcher make of this? When interpreting, the central question is how we come to understand (interpret) 'what is happening here'?

Prior to exploring the central question, I needed to recognize and address the value-laden prejudice, personal biases, life experiences and assumptions which impact upon my view of the phenomenon under discussion (Thompson, 1985). According to Ray (1994), Heidegger (1962), Gadamer (1989) and Merleau-Ponty (1962) believed that one must not or can not dispose of the explicit identification of prejudice, assumptions, knowledge, and past experiences. A key distinction between these philosophers and Husserlian philosophy is the position that "presuppositions cannot be suspended because they constitute the possibility of intelligibility or meaning" (Ray, 1994, p.120). We bring our historicity (past, present, and future) to bear on any situation. These time dimensions are the basis of our being able to understand history at all (Palmer, 1969). Experience can only be understood in terms of one's background, or historicality, and the social context of the experience (Draucker, 1999). Therefore, I needed to question the origin of my interest in the topic.

Our past experiences are made up of memories which are perceptions of time past. As I reflected on my past experiences, it became clear to me that my interest in the topic originated back to my childhood. I had spent my childhood from age eight onward growing up in the country across from a large provincial psychiatric hospital. The hospital was a self-sufficient farm with corn and wheat fields, vegetable gardens and diary cows. The patients who were allowed outside the building would labor in the fields and the barns from early morning until dinner. My friends and I would play hockey in the winter and baseball in the summer with these patients. I remember the smells of freshly ploughed manure, mowed grass and hay. I remember the icy cold wind on my face and the warmth of the sun on my back. I remember the taste of fresh strawberries hurriedly picked from the hospital's garden. I remember seeing patients sitting on benches waving at me and my friends as we walked into town. The patients were not allowed to go into the town. I could not understand why they were there as I could not see anything visible to the eye, like a broken leg or a missing arm. My mother would say "There, but for the grace of God, go you or I." What does that mean? My mother explained that they were suffering from something that had hurt their mind, soul and spirit; "unseen wounds" that we could not see with our eyes. For five years, I would walk back and forth from the high school in town. As I passed the psychiatric hospital, a patient would join me. He was a tall, thin middle-aged man with a slight limp on his right side dressed in an old grey suit. We would talk or rather he would talk on our way into town. Although I listened intently, I did not understand what he was saying as he mumbled in a very low voice. He would stop along the way to pick up cigarette butts. There was a graveyard on the edge of town. At this point, he would stop and turn around to head back towards the hospital. I would proceed through the graveyard on my way to school. I remember a peculiar smell from the graveyard which I perceived as the smell of dead bodies. To this day, I recall that peculiar smell whenever I am in a cemetery. On my way home, the patient would be at the edge of town waiting to walk me back home. As a child, I intuitively knew, somehow, that he did not mean me any harm. These memories, including my attempts to understand this man and his world, have always stayed with me.

In nursing school, the mental health rotation at the old Lakeshore Psychiatric Hospital in Toronto was my favorite. I felt comfortable here with patients that reminded me of my childhood. I continued to try and understand each person and their world. Over the last twenty-five years, I have worked in psychiatric/mental health nursing with many women and men who have suffered from multiple forms of trauma i.e. physical, mental, emotional and sexual abuse. In the early 1990s, the allegations of sexual abuse of young males by priests at the Mount Cashel Orphanage in Newfoundland, and the media coverage of the Maple Leaf Gardens scandal heightened my interest in trauma associated with childhood sexual abuse. There was little information and gaps in the literature in the understanding of the sexual abuse of males. Therefore, the topic of my Master of Science thesis in Nursing was on Adult Male Survivors of Incest. The descriptive-correlational design measured the effect of the incest experience and determined relationships among variables of interest. The most significant finding was the confirmation that males are profoundly affected by the psychological trauma of sexual abuse; yet to that date little literature or research focused on this population. The male survivors' stories provided a rich description of their lived experience. The study left me with the question *"What is the experience of healing from trauma"?*

### ***The story of Jane***

In my nursing practice, males and females shared their stories both individually and in group work. The story of one particular young woman named Jane brought me closer to the experience of healing from trauma.

At the age of eight, Jane's parents were killed in a motor vehicle accident by a drunken driver. Jane went through the windshield of the car and sustained multiple facial injuries. Jane and her brother were sent to separate and multiple foster homes. Eventually, her brother was sent to live with a distant relative in Ohio. Throughout her experience in foster homes, Jane was both physically and sexually abused by her foster parents. Ultimately, she went to live with an elderly uncle and eventually, her beloved adopted maternal grandmother. During this period of time, she was sexually abused on numerous occasions by the lawyer who was the guardian of her parent's will. Jane ran away several times and lived on the streets. She was raped by two males and fell into drugs and prostitution. The event that precipitated Jane's last hospitalization was the death of her adopted maternal grandmother, who appeared to have been her sole source of emotional support throughout her turbulent adolescence. Jane was diagnosed with paranoid schizophrenia. In hospital, Jane had increased periods of anxiety/agitation followed by verbal outbursts of sexual words towards fellow patients and staff. As her level of agitation escalated, the nursing staff imposed a series of progressive restrictions intended to assist Jane in regaining behavioral control. However, Jane's behavior continued to escalate. When Jane began yelling sexual vulgarities at her roommate, the staff moved her to a single bedroom. Jane refused to stay in her room. The final incident occurred when Jane was offered a cigarette in the smoking area by one of the nurses. She grabbed the lit cigarette quickly and tried to set her gown on fire. The staff intervened quickly and Jane was not injured. She was then put into four-point restraints that tied her to the bed. Staff members disagreed as to whether this behavior was deliberate. This "splitting" of the staff was interpreted as "typical borderline personality disorder manipulation."

As a Clinical Nurse Specialist, when I was called by the nursing staff to consult in regards to the care of Jane, I entered into the room and into a three year relationship with Jane. Jane's limbs were extended and tied to the side of the bed. Her body was small and her face had a blank, vacant expression. Her eyes did not dance. Her eyes were dark and they stared endlessly into nowhere. I felt a tightening in my chest and the pounding of my heart and an ache in my stomach. I felt an attachment to Jane I wanted to help her. It didn't make sense to me to tie her down, especially when she had been sexually and physically abused in this way. I felt this in and through my body. Jane was totally silent, but way down deep I could hear her crying out. I sat on the edge of the bed to come closer and to engage in a relationship with Jane. I believe that by listening and entering into a dialogue with those fellow human beings that have come to us for help, we begin the process of healing. I called out her name:

> Jane, Jane, come back, come back to the room, you are here in the hospital. You are safe, don't be afraid, come back, come back, hear my voice, look at my face, I'm Susan, listen to my voice.

Jane's eyes focused on my face and her small body relaxed. She came back to the room. The behavioral intervention of restriction in four- point restraints, tied to her bed and isolated in her room, had been designed to decrease external stimulation. In fact, the isolation and restraints had resulted in Jane's retreat into the memories of abuse and abandonment, where she began to dissociate from her body and re-enter traumatic experience. I told the staff to take Jane out of the restraints. She continued with one-to-one nursing staff observation, but in the milieu, not in her bedroom. The primary nurse was instructed to offer her verbal reassurance, to tell her to stay present through the senses in the "here and now" rather than dissociating from her body.

Many, perhaps most, of Jane's symptoms of severe sexual abuse; i.e. dissociation from her body, binge eating, drug and alcohol abuse, self-mutilation, suicidal ideation and suicide attempts, borderline personality disorder, sexual promiscuity, anxiety, feelings of terror, frantic attempts to relieve her distress and vulnerability to re-victimization had a great deal to do with whether or not she was living comfortably in her body. Gadow (2000) stated "in the narrative of vulnerability, a woman's body can never be fully hers, a home or refuge. On the contrary, as an object, it belongs as much to others as to her, signifying danger instead of safety" (p.90). For Jane, severe sexual abuse and dissociation from her body were logical conclusions of her narrative in "which embodiment was socially defined and subjectively lived as vulnerability" (Gadow, 1994, p.298). The physical violation of the human body is a violation of the boundary between "inside me" and "outside me." Jane, seemingly faced with physical and psychological annihilation, either abandoned her body, made it "outside me," pretended it didn't exist or turned on it in anger and confusion.

Dissociation from the body and lack of connection to an inner experience of self is virtually the sine qua non of severe sexual abuse (Courtois, 1988; Goodwin, 1985; Herman, 1992; Rieker & Carmen, 1986; van der Kolk, 1987). It is a common protective response, characteristic of severe abuse and reflective of a lack of safety (Timms & Conners, 1990; Levine 1997). Jane stated:

> I don't remember a time when I wasn't abused. I don't think there's a part of my body that hasn't been touched." At the time of the abuse, her focus was not on the suffering of her body. "I would float out of the room and take imaginary walks or go to a favorite teacher's room.

Jane learned to induce anaesthesia in various parts of her body, "to go numb" or turn "into a piece of wood" during ongoing abuse or by …

> Going up into my head…I would rock back and forth and go to my head and my brain. I would be dead, if I didn't have my head.

Jane was inside her head or her mind exclusively, such as thinking, imagining and remembering where those memories are mostly neutral, etc. Jane dissociated, whether by choice or blind necessity, in order to forget or wall-off memories of traumatic events. She consigned the memories to her body and excluded all bodily sensations and intense effects from consciousness. Thus, safe, disembodied time was provided by the mechanisms of dissociation. This gives survivors some measure of control over painful past events (Timms & Conners, 1992; Levine 1997; Young, 1992). However, such a solution entails an enormous sacrifice, since it also makes problematic experiencing the everyday pleasures, sensations, and comforts of human embodiment and prevents meaningful relationships with others (Young, 1992).

Jane overdosed on drugs, drank and prostituted to survive on the streets. She had self-inflicted cigarette burns and cuts all over her body. Many researchers have found a high incidence of suicide attempts and self-destructive behaviors among the victims of sexual abuse (Browne & Finkelhor, 1986; Courtois, 1988; Herman, 1992). One of the most striking features of survivors of sexual abuse is that these forms of self abuse fall first and foremost on the body. But why abuse the body? Survivors of sexual abuse often feel their bodies have betrayed them, either by being small, weak and vulnerable, the cause and carrier of pain and humiliation or by experiencing some amount of pleasure and relief during the abuse itself (Young, 1992). So along with a desire to cut oneself loose from the body, to be rid of it once and for all, is the desire to punish and torture the body as one was punished and tortured (Ferenczi, 1988; Reiker & Carmen, 1986; van der Kolk, 1987).

As evident in clinical and research literature, the body problem associated with childhood trauma is broadly recognized (Ogden & Minton, 2000). When unassimilated and unregulated, the symptoms of distress in the physical body tend to be overwhelming, contributing to the cycle of dissociation from the body and emotions so common in survivors of sexual abuse (Ogden & Minton, 2000). Physical symptoms and psychological distress are significantly more evident in this population than in women who have never experienced abuse (McCauley, Kern, Kolodner &Schroeder, 1997; Walker, Ununtzer, Rutter, Gelfand &Saunders, 1999). When not dissociating, Jane suffered from somatic complaints.

> I want to relieve myself of my past which I feel through my body. I don't like my body. It hurts me. I'm in physical pain all the time. I have vaginal pain, throat pain, pain all over my body. I feel like my body is damaged from all the beatings and rapes in foster care … the lawyer, those two men… my body is damaged.

The presence of somatic symptoms should not blind one to the absence of benign forms of bodily liveliness. The body is absent in terms of spontaneous movement, physical expression and the access of physical and sexual pleasure that animate one's very being (Price, 2002).

Jane…

> I'm aware of every single part my body. I never spontaneously moved in my life, my mind and body have never felt connected. My body feels like a machine. Now I feel bad, damaged, weak … and crazy.

Survivors of childhood sexual abuse often display significant somatic distress that suggests the need for physical healing (McCauley et al., 1997). They hold the unresolved emotional memories and distress of severe sexual abuse in their body (Price, 2002). The avoidance and denial of emotional aspects of somatic experience is common to survivors (Courtois, 1988; Herman, 1992; Price, 2002).

On the other hand, attending to the somatic distress and listening to the body's pain is integral to the recovery from severe childhood sexual abuse (Young, 1992). The alternative is a life of dissociation from the body or disembodiment. The integration of the body and mind through embodying healing involves the identification of what is noticed in the body and the articulation of the best words and emotions to describe these inner experiences and sensations (Price, 2002; Timms &Conners, 1992).

I worked with Jane over the course of three years. Together, Jane and I identified an inner safe place as the foundation for movement toward the levels of relaxation, body listening, and emotional connection. She was able to self-nurture to diminish anxiety and to stay present rather than to dissociate. Jane attended to her nonverbal indication of significant experience such as tears, groans, or body movement. Jane focused on specific areas of her body and on the sensation of exhalation to enhance awareness of sensations and to release tension. The emotional processing of the sexual abuse through Jane's body increased her awareness of sensation, released her emotional pain and relieved her somatic discomfort. An integral part of healing from past traumas was Jane's ability to connect her body and mind.

In addition, I worked with Jane in regards to her past history of sexual and physical abuse. In the psychiatric facility, Jane journalled and talked about her life experiences (her "violent life world"). Her story was one of "dwelling" as ways of "being-in" a violent life world and "living-in-exile" (foster homes, uncle's home, and the street). Jane felt that her art and her music provided a place of safety and security. Jane loved to draw and paint, crochet, journal and to play the piano as way of "sparing and preserving" (Heidegger, 1962).

Many of the women and men that I have worked with have verbalized how important art, literature and music are in their life. Jane's resilience, courage and active engagement in her healing brought me closer to understanding her experience of healing from past traumas. After three years of working together, Jane eventually healed from her past traumas and created a new life for herself. Jane volunteered at an old age home in order to keep her grandmother's spirit alive and to help others.

### ***The story of David***

Over the last three years, I have been working at a clinic for enlisted and veterans who have been traumatized from their military experiences. A young man's story brought me closer to the experience of contemporary peacekeepers healing from trauma.

David was a young peacekeeper who had been referred to me by the psychiatrist in the clinic where I worked as a Clinical Nurse Specialist. David who had a history of childhood sexual abuse had served in Rwanda and the former Yugoslavia. David had witnessed intrastate war, genocide, murder and rape. In addition, he lost his best friend Peter in a serious bush fire near the base in Bosnia. Upon his return to Canada, David had complained of intrusiveness in the form of flashbacks and nightmares, hyper arousal and dissociation. The psychiatrist diagnosed David with Post Traumatic Stress Disorder.

David had numerous episodes of "numbing or zoning out" and feeling detached from his body. David described these episodes…

> I do feel a good part of the time that I'm not present in my body. It's as if inside, from my neck down, it's hollow, and there's this ladder, and depending on how things are going, I'm climbing up the ladder, and this little man that is me is sitting in my head, looking out through my eyes.

Although female survivors of sexual abuse have received the most attention in the literature, dissociative reactions are common in contemporary peacekeepers suffering from psychological trauma.

Embodiment and embodied engagement were central to my care of David throughout our time together. The following describes such an engagement with David. On one of the visits to my office, David dissociated when a fire truck went by sounding the alarm. His body froze and his eyes stared endlessly into space.

I felt an immediate heavy feeling in my chest and a knot in my stomach. My strong bodily responses called out to help David. David was totally silent. But down deep inside I could hear him crying out for help. The thought of David's suffering made me want to cry out and to help him. Scheper-Hughes and Lock (1987) described embodied responses as "sudden, immediate, and pervasive understandings. The body is the "most immediate, proximate terrain where social truths are played out" (p. 31). Our bodies know in an immediate and holistic way, not as a disembodied cognito that is separate from others or our surroundings. The intensity, urgency, and immediacy of lived experience require attention and "a vibrant contextual sense of self for the body knows context in a way that the intellect does not" (Saleebey, 1992, p.114). I called out his name:

> David come back to the room, come back to my office. You're safe in my office, come back, come back, David, Listen to my voice, look at my face, I'm Susan, listen to my voice.

David's eyes focused on my face and his body relaxed. He came back to the room. The fire truck's alarm had triggered him into a flashback. David described this experience as being thrown back into the fire and re-living the experience with the sounds, sights and smells of the fire. He became hyper aroused and overwhelmed with the physical sensations in his body. At this point, David described leaving his body:

> I left my body at that point. I was over next to my body, watching this happen. I wasn't in my body. I was standing next to me, and there was just a shell sitting in the chair. Then, I totally zoned out until I heard your voice" and came back into my body.

When not dissociating, many peacekeepers suffer from somatic complaints: David....

> My only goal in Bosnia was to stay alive. But I died, out there, with my friend. I still wake up screaming, seeing Peter's burned body along the path. I want to relieve myself of my past which I feel through my body. Every part of my body hurts. I'm in physical pain all the time. I have pain all over my body. Now I just want to get out of my body and away from this pain.

Benign forms of bodily spontaneous movement, physical expression and the access of physical and sexual pleasure that animate one's very being, which the French call "jouissance"are absent in traumatized individuals (Price, 2002). David…

> I never spontaneously move in my body. My mind and body never feel connected. My body feels like a piece of marble.

David articulated the relationship between his somatic symptoms and the trauma which was integral in his recovery. The alternative is a life of disembodiment through dissociation.

> My body is the only thing that puts me in touch with my past. I think that my body is speaking to me…My body will never be deceived; it will always be there to remind me." "You can numb it with alcohol and drugs, but sooner or later, you're going to have to pay attention… to listen to your body.

The body holds the unresolved emotional distressful memories of the trauma and fails to knit together or resists being propelled into the world (Price, 2002). David and I identified an inner safe place as the foundation for movement toward the levels of relaxation, body listening, and emotional connection. All the while, David was encouraged to trust his body by allowing the sensations to occur without trying to direct them or change them in any way, and he was also encouraged to stop at any moment if he felt too much discomfort to go on. He was able to self-nurture to diminish anxiety and to stay present rather than to dissociate from his body. David attended to his nonverbal indication of significant experience such as crying, shaking or other body movements. David focused on specific areas of his body and on the sensation of exhalation to enhance awareness of sensations and to release tension. Eventually, David felt relief and a sensation of tingling, throughout his body. David learned from his own somatic experience that paying attention to body sensation and movements can be safe. David savored these sensations and described the physical sensations in detail. He reported a softening in his muscles, a slow heart rate and a feeling of calm throughout his body. He stated that he felt peaceful for the first time in weeks.

David discussed his experiences in terms of "life", "death", "being" and the searching for "meaning". Through our embodied engagement, David and I co-authored an interpretation "that was more habitable than either of our own narratives in order to seek a fragile new form of good" (Gadow, 1999, p.66). David's journal writing and his art work helped him to find his voice and created a new narrative for his life. By putting it into words, I can make it whole; this wholeness means it has lost the power to hurt me" (Woolf, 1939/1978, p. 76). In speaking about the trauma, he was less judgmental about himself, saying that the genocide in Rwanda and Peter's death was not his fault. Eventually he confronted the memory of the moment he first dissociated when he witnessed the killing of a young girl in Bosnia. David was able to track his body sensations without dissociating from his body. He was aware that there had been an everlasting profound change in both his body and a sense of integration and ability to stay present with fearful situations, memories and sensations that would previously have been so overwhelming that he would have dissociated from his body. Over the course of two years, the emotional processing of the trauma through David's body increased his awareness of sensation, released his emotional pain and relieved his somatic discomfort. Eventually, David entered his body safely and became safely embodied. David's mind, body, spirit and soul became interconnected and whole. His body was alive and his eyes danced. David no longer turned his body into a piece of marble. My embodied responses i.e. the heavy feeling in my chest and a knot in my stomach stimulated me to feel empathy for David. I reflected on the unfair aspects of his life; the exposure to so many multiple and severe traumas. I felt his anger, his pain, and ultimately his joy upon safe embodiment.

To summarize, as a nurse practitioner and now as a beginning phenomenological researcher, I will constantly search my life experiences to uncover my value-laden personal biases and assumptions about healing from trauma which must not or can not be disposed of and here I try to show this above. This uncovering of my value-laden personal biases and assumptions, enables the researcher to interpret and to construct the experience with the understanding of the impact of my view of the phenomenon under discussion (Thompson, 1985). As a researcher, I will need to recognize my pre-conceptions and biases in order to experience the phenomena in question in terms of my background, or historicality, and the social context of the experience (Draucker, 1999).

# CHAPTER TWO: REVIEW OF THE LITERATURE

The review of the literature will include the origin of the word trauma, the evolution of Post Traumatic Stress Disorder (PTSD), the studies on contemporary peacekeepers and the studies on healing from trauma. It is important to discuss the available literature in order to determine that a study on the experience of healing from trauma for contemporary peacekeepers would make a significant contribution to the present literature.

Trauma was a confusing concept that originally meant physical trauma or organic damage to the central nervous system. Trauma comes from the ancient Greek word "trauma", which meant to "wound" or "pierce", which was used to refer to the bodily wounds or injury suffered by soldiers from the piercing of their armor (Spiers & Harrington, 2001). In its later usage, particularly in medical and psychiatric literature, trauma is understood as a wound inflicted upon the mind, rather than upon the body (Caruth, 1996). People's responses to psychological trauma might be understood as a result of "piercing" through their protective mental defenses (Spiers &Harrington, 2001, p.213).

Throughout history, the suffering of human beings to situations of extreme adversity has always been regarded with great interest and curiosity. The knowledge that trauma can cause long-term physiological and psychological problems has been recognized for centuries. Homer's *Iliad* contains powerful descriptions of soldiers' reactions to war traumatization and stresses such as withdrawal, grief, and feelings of guilt toward fallen comrades (Fagles, 1990). Homer's epic emphasizes three common events of heavy, continuous combat; betrayal of *thémis* ("what's right") by a commander, the living feeling dead themselves and berserk-like rage (Shay, 1994).

In fiction and poetry, one can also find examples of how to cope with traumatization such as in Oliver Twist by Charles Dickens, who tells of a boy having to come to terms with the early death of his parents. Pepys (as cited in Turnbull, 1998a) described the extended sensory imprint following exposure and the flashback recollection of the Great Fire of London in 1666 evoked by an insignificant trigger. He wrote "How strange that to this very day I cannot sleep at night without great fear of being overcome by fire. Last night, I was awake until almost two o'clock in the morning, because I could not stop thinking about the fire" (p.81).

Here is an account in Shakespeare's (1623/1973) Henry IV, Part One, Act Two, Scene Three, lines 40- 62, p.451, of Harry Hotspur, the most formidable fighter among the rebels against the King, who seems to be experiencing symptoms that today would be classified as PTSD. The person speaking is the combat veteran's wife:

> O, my good lord, why are you thus alone? ............. (Social withdrawal and isolation)
>
> For what offence have I this fortnight been ...
>
> (Random, unwarranted rage at family)
>
> A banish'd woman from my Harry's bed? ...... (Sexual dysfunction, no capacity for intimacy)

Tell me, sweet lord, what is't that takes from thee…

(Somatic Disturbances, loss of ability)

Thy stomach, pleasure ……………………… (To experience pleasure)

And thy golden sleep? ............................................... (Insomnia)

Why dost thou bend thine eyes upon the earth………… (Depression)

And start so often when thou sit'st alone? ……

(Hyperactive startle reaction)

Why hast thou lost the fresh blood in thy cheeks; …

(Peripheral vasoconstriction, Peripheral Autonomic hyperactivity)

And given my treasures and my rights of thee.

to thick-eyed musing and cursed melancholy? ……..

(Sense of the dead being more real than the living, depression)

In thy faint slumbers I by thee have watch'd...……

(Fragmented, vigilant sleep)

And heard thee murmur tales of iron wars; ……

(Traumatic dreams)

Speak terms of manage to thy bounding;

Cry 'Courage! to the field!' And thou hast talk'd

Of sallies and retires, of trenches, tents … (Reliving episodes of combat)

Of palisadoes, frontiers, parapets,

Of basilisks, of cannon, culverin,

Of prisoners' ransom and of soldiers slain,

And all the currents of a heady fight.

Thy spirit within thee hath been so at war………….. (Fragmented sleep)

And thus hath so bestirr'd thee in thy sleep,

That beads of sweat have stood upon thy brow…

(Night sweats, autonomic hyperactivity)

Like bubbles in a late-disturbed stream; …………… hyperactivity)

In 1865, Charles Dickens described suffering from symptoms of anxiety, memory, concentration problems, irritability, hyper arousal, disturbed sleep, sudden alarm, nightmares, dissociation and multiple somatic complaints following his involvement in a train crash (Turnbull, 1998a). Such suffering throughout history and over the course of many wars was known variously as soldier's heart, battle fatigue, shell shock, combat neurosis, combat exhaustion and even pseudo- combat fatigue (Shay, 1994). Today, such suffering would be classified as the characteristic symptoms of Post Traumatic Stress Disorder (PTSD). How did the diagnosis of PTSD emerge over the course of history?

## The Evolution of Post Traumatic Stress Disorder

Trimble (1981) discussed case studies of railway accident survivors of the 1700s with a history of head injury and explored the biological components, which produce PTSD symptoms and equated the term with post concussion syndrome. In 1866, Erichsen (as cited in Trimble,1981) an English surgeon attributed conspicuous psychological abnormalities following railway accidents to micro traumas of the spinal cord, which then led to the concept of the "railroad spine syndrome". This original connection drawn by Erichsen was later contradicted by the surgeon Page who objected to the phrase "concussion of the spine". Page argued that injuries to the spinal cord were unlikely and that fright, fear, and alarm contributed to the disorder. In 1885, Page introduced the concepts of "nerve shock" and "functional disorders". Although, Page stated that nervous shock is psychological in origin, it resulted in physiologic malfunctioning of the nervous system.

Oppenheim first coined the term "traumatic neurosis" and placed the main seat of the disturbance in the cerebrum (Lamprecht & Sack, 2002). In 1883, Putnam (as cited in Trimble, 1981) contended that many of these cases such as railroad spine syndrome could be identified as hysterical neuroses. The term "trauma", which until then had been used exclusively in surgery, was thus introduced into psychiatry (Kinzie & Goetz, 1996).

These early descriptions, based on clinical observations, were attempts to base a new syndrome on assumed pathology of the spinal cord or heart disease with limited phenomenological data. Interpreting the role of trauma itself became the biggest problem in understanding post trauma syndromes. Although the exogenous causation stood in the foreground of the railway traumas, the psychoanalytic view placed endogenous factors in the foreground, thus de-emphasizing external reality (Lamprecht & Sack, 2002).

### *The Boer, Crimean and American Civil War*

During the early 1800s military doctors began diagnosing soldiers with exhaustion following the stress of battle. This exhaustion was characterized by mental shutdown due to individual or group trauma. Like today, soldiers during the 1800s were not supposed to be afraid or show any fear in the heat of battle. The only treatment for this exhaustion was to bring the afflicted soldiers to the rear for a while, and then they would be sent back to the battle. Through extreme and often repeated stress, the soldiers became fatigued as part of their body's natural shock reaction.

Disordered Action of the Heart (DAH) or valvular diseases of the heart were documented in the Boer War and subsequent reports and death certificates indicated a functional disorder (Jones &Wessely, 2001). Hawthorne (as cited in Kinzie& Goetz, 1996) described heart disease as a rapid, feeble pulse among Army soldiers in the American Civil War. In 1876, Myers and Dacosta (as cited in Kinzie & Goetz,1996) found " irritability of the heart" so frequently in Civil War and Crimean combat veterans with fighting experiences that they gave it a diagnostic term of its own, "irritable heart" or "soldier's heart". Dacosta decided that the patients were clearly suffering from neurosis and that there was usually nothing wrong with the heart (Ramsay, 1990). He described the frequent involvement of the heart as an almost constant symptom of "traumatic neurosis", with only a few instances of serious cardiac disease (Lamprecht &

Sack, 2002). Instances of sudden paralysis or loss of sensation were identified as traumatic hysterical neurosis.

### *The late 19th century: Traumatic hysteria, neurasthenia and neurosis*

Healy (1993) explored the history of PTSD and the questions raised by Freud and Janet as to whether hysteria is precipitated by environmental events. Hysteria, along with melancholia and hypochondria were the major types of neurosis described in the late 19th century. At the Salpetriere in Paris, Charcot and Janet pointed out the importance of traumatic experience for the origin of hysteria or dissociative symptoms. Although hysteria had been considered an affliction of women, Charcot, as well as Briquet described several cases of working-class men, most of whose hysteria (conversion symptoms), followed work related accidents. Charcot demonstrated that paralysis could result from hypnotic suggestion and initially deduced there was a latent flaw in the nervous system (although he could not demonstrate it anatomically).

Janet agreed that some of the hysteria, such as that seen following railroad accidents was a form of neurosis but also noted that the shock could be imaginary. Hysterical symptoms included paralysis, contractions, disordered gait, tremors, and shaking.

Janet was the first to systematically study dissociation as a critical process in the reaction to overwhelming stress and subsequent symptoms (van der Kolk & van der Hart, 1989). In 1869, Beard (as cited in Gosling, 1987) coined the term “neurasthenia” or “nervous exhaustion” to cover nonspecific emotional disorders, fatigue, insomnia, headache, hypochondriasis and melancholia. Neurasthenia was common in the early 1900s, and was recognized to occur after emotional trauma (Kinzie& Goetz, 1996).

In 1896, Freud described early childhood sexual trauma as the etiology of hysteria (Healy, 1993). He recognized that traumatic repetitive dreams brought the patient back to prior situations and accidents, which were in conflict with his pleasure principle, because unpleasurable subjects were recollected and worked over in the mind. Attempts by Freud to explain this was felt, by critics, to be inadequate. The rejection of his theory led him to minimize the external events and concentrate on pre-morbid problems, such as intra psychic conflict (Miller, 1997).

Traumatic neurosis was used by Kraepelin (as cited in Merskey, 1995) to describe reactions to accidents and other disasters. The early searches for an etiology, first in the organic area, and then in the intra psychic conflicts, greatly influenced subsequent research to the detriment of other approaches to knowledge development. One effect, of the separation between neurology and psychiatry, has been the insistence that disorders were either functional (which became synonymous with psychological) or organic in nature, and the concept of an interaction became lost (Trimble, 1981).

### *World War I*

In 1921, Ferenczi, Abraham, Simmel and Jones (as cited in Modlin,1983) studied World War I combat stress reactions and applied Freud's then current theories about unconscious conflict, rather than his original idea about trauma. A definitive work on neuropsychiatry in World War I by Bailey, Williams and Kamora (as cited in Pebbles, 1989) referred throughout to Freudian psychology as a theoretical construct for their data.

DaCosta's "irritable heart" became known as soldier's heart or effort syndrome and became a popular diagnosis during the war (Turnbull, 1998b). The largest number of psychiatric cases in the war involved neurosis, including neurasthenia, sometimes called "shell shock" which was introduced in the literature by the British military psychiatrist Myers (Kinzie & Goetz, 1996).

In 1919, Mott (as cited in Kinzie & Goetz, 1996) gave one of the best descriptions of the major forms of war neurosis, hysteria and neurasthenia. He wrote that physical shock and horrifying conditions could cause fear, which in turn produced an intense effect on the mind. Hysterical symptoms included paralysis, contractions, disordered gait, tremors, and shaking. Neurasthenia symptoms included lassitude, fatigue, weariness and headaches and particularly vivid and terrifying dreams. Another symptom described by Mott in detail for the first time was a startle reflex. In 1926, the U.S. Army reported that no new psychiatric syndrome was found in World War I. Even the Russian literature of 1944 (Ronchevsky as cited in Kinzie & Goetz, 1996) listed no unique syndromes.

The Traumatic Neuroses of War by Kardiner, White and French (1941) and War Stress and Neurotic Illness by Kardiner (1947) are seminal psychological works on PTSD. Kardiner included the most extensive follow-up up of patients from World War I. He developed the concept of "physioneurosis", thereby indicating bodily involvement right from the start. Kardiner differentiated the normal action syndrome from its alteration through trauma in terms of the symptomology (Lamprecht & Sack, 2002). Symptoms included features such as fixation on the trauma, constriction of personality functioning and atypical dream life. The organic etiology became untenable in most cases, and the syndromes were forced into the existing nomenclature of traumatic hysteria or traumatic neurasthenia (Kinzie & Goetz, 1996).

### *World War II*

At the onset of War World II, the skeptics regarded "shell shock" or "war neurosis" as a heterogeneous group with many factors involved, including malingering, as well as psychogenic (Turnbull, 1998a). Brill (as cited in Kinzie & Goetz, 1996) commented on the many terms used to describe the affected soldiers such as exhaustion neurosis, shell shock, fright neurosis, and asthenia. Although the reactions were caused by fear, shock and physical strain, they were also found in non-service men, and in men never exposed to shelling in warfare.

As the events of World War II unfolded, psychoanalytic concepts underwent modifications, and multiple analytic concepts were used to interpret war related neurosis. These theoretical concepts represent an attempt to explain the multiple symptoms seen in war neurosis in terms of an intrapsychic model, which downplayed the role of the trauma itself.

As the war continued on, more American, British and Canadian studies began to describe and name syndromes found among armed services personnel such as acute exhaustion, war fatigue, war neurosis and old soldier's syndrome. The sheer volume of observations by well-known psychiatrists gave clinical validity to these findings (Lamprecht & Sack, 2002).

In 1939, Cannon (as cited in Berthold, Gersons & Carlier, 1992) defined the fighting and escaping principles in both the psychological and physiological sense as a person's reaction to impending danger and the principal of homeostasis. Saul (as cited in Kinzie & Goetz, 1996) identified traumatic war experiences with the term combat fatigue and incorporated Cannon's fight- flight reaction.

In 1942, the Coconut Grove fire provided the first modern clinical descriptions of reaction to noncombatant trauma. Lindemann (1944) found psychological grief among survivors, which could be characterized by over activity, expansiveness, some psychosomatic symptoms, irritability, avoidance of social relationships and hostility.

Grinker and Spiegel (1945) two American psychiatrists in the American Army Air Force wrote about what happens to soldiers who break under the stress of modern warfare. Sixty-five case histories were included as illustrative material with a description of various therapies used to treat the psychological casualties of combat. The most interesting aspects were the etiology of the psychoneuroses or war neuroses stated first in psychological terms and then in terms of neurophysiology. Some of the symptoms included passive dependent states, guilt and depression, aggressive and hostile reactions, and psychotic-like states.

### *Post World War II*

The continued debate of psychological versus organic etiology of traumatic disorders continued even into the 1950s, with the earliest description of the "Concentration Camp Syndrome". Krystal (1969) edited the groundbreaking work Massive Psychic Trauma, which looked at trauma psychology and Nazi Germany's concentration camp survivors after World War II. Psychological Aspects of Stress edited by Harry S. Abram (1970) is cited frequently in the trauma literature as a major contribution in PTSD development, with an examination of the human response to stressful events, including psychological reactions to life-threatening illness, concentration camps, emergency situations, combat, and the stresses of outer space. As follow-up information on concentration camp victims became increasingly available, a chronic syndrome was described by many authors with a high degree of agreement on symptoms with both physical and psychological factors.

In 1950, Selye and Fortier introduced the" General Adaptation Syndrome" with the three phases of alarm, resistance, and exhaustion. As a result the term "stress" entered everyday language. In 1974, Selye introduced the concept of heterostasis, thereby indicating the existence of an area between maintaining a normal equilibrium and succumbing to physical and mental breakdown. Once again the external environment was discovered as the instigator of threat and danger. Burgess and Holstrom (1974) described the "Rape Trauma Syndrome" noting that the flashbacks and nightmares resembled the traumatic neuroses of war.

The first concession to a unique syndrome was published in the Diagnostic and Statistical Manual of Mental Disorders DSM- I (1952) which coincided with the Korean War. The DSM-I called what is now known as PTSD "stress response syndrome" caused by gross stress reaction under the category of transient situational personality disorder.

This disorder recognized that some reactions could occur in normal persons at times of extreme physical and emotional stress. However, it was specified that the reactions were reversible and that the ego should return to normal under treatment. This Freudian view became even harder to maintain with the follow-up studies from World War II and the increasing data from concentration camp victims. However, this information did not influence DSM II in 1968 in which the only comparable diagnosis given was situational adjustment reaction of adult life.

### *The Vietnam War and Post Traumatic Stress Disorder*

The Vietnam War provided a key catalyst for the inclusion of PTSD in the nomenclature of the (DSM–III, 1980). The suffering of many veterans confirmed by long-term follow-up documented the severe impairments of chronic cases.

Horowitz (1976) made a major contribution when he successfully argued that an expectable predictable sequence of symptoms follow abnormally stressful life events. Horowitz's work influenced the authors of the DSM – III (1980) to recognize a century of clinical observation and to include Post Traumatic Stress Disorder (PTSD) in the official nomenclature.

Horowitz (1976) organized post traumatic symptoms into intrusive effects and denial or avoidance effects which had been originally described by Freud. The former are attempts to revive the trauma or to live through repetition of it. The negative reactions attempt to avoid memories or actions associated with the forgotten trauma. This became the organizing topology of DSM- III. The DSM-III focused on overt symptoms in order to avoid dilemmas brought on by theoretical attempts at etiology. The inclusion of the diagnostic criteria of PTSD in DSM- III and the World Health Organization International

Classification of Diseases (ICD-10, 1992) was a big step forward, and helpful to many of those suffering from trauma.

The initial definition of PTSD (i.e. traumatic catastrophic stressor outside the range of usual human experience such as war, torture, rape or natural disaster) separated PTSD from the ordinary stressors that are characterized in DSM-III as adjustment disorders(i.e. divorce, failure, rejection and financial problems). In the current DSM-IV-TR (2000), PTSD remains in the anxiety disorder category.

For the most part, the current criteria for PTSD in the DSM-IV (1994; 2000) fit combat and peacekeeping-related trauma. However, the current diagnosis criteria only cover a small section of the overall spectrum of frequently occurring psychic and psychosomatic symptoms after traumatization (Friedhelm & Sack, 2002).

Many symptoms that have historically been related to trauma did not find a place in DSM-III-R (1987) or DSM-IV (1994; 2000) criteria: weakness, fatigue, and loss of willpower mentioned early on and by many subsequent authors (Lamprecht & Sack, 2002). Headache is a common symptom reported in both combat and concentration camp victims, as well as multiple psycho physiological reactions, particularly gastrointestinal disturbances (Friedhelm & Sack, 2002). Profound personality change, described by many authors after concentration camp and prisoners of war (POWs) experiences (Bradford &Bradford, 1947; Matussek, 1975; Niederland, 1964) were not included in DSM-IV.

There are few descriptions of dissociative symptoms, except amnesia operating in chronic post-traumatic states. This fact is recognized by the limited dissociative symptoms required for the diagnosis of PTSD in DSM-IV. DSM-IV reflects the ongoing ambivalence of psychiatry to maintain dissociative disorders in a separate diagnostic group while still acknowledging a close relationship between psychological trauma and dissociative symptoms (Van der Kolk, Herron & Hostetler, 1994). Presently, the necessary conditions for any definition of trauma involve a threat to either one's life or physical integrity or that of another and that the threat is often accompanied by real assaults, damage, or death (Krystal, 1969; van der Kolk, 1987). The hallmark symptoms for the diagnosis of Post Traumatic Stress Disorder (PTSD) are intrusiveness or re-experiencing the trauma, hyper arousal and avoidance such as dissociation.

The literature on Vietnam veterans and PTSD is vast; studies of veterans have been essential in developing and extending the concept of PTSD (Knox & Price, 1996; Kulka, Schlenger, Fairbank, Hough, Jordan, Marmar, &Weiss, 1990; Shay, 1994). It is fair to say that much, if not most, of what is known today about normal responses to catastrophic events, to fear, and to the threat of being killed, have been learned from combat veterans.

## The Studies on Contemporary Peacekeepers

Despite widespread media coverage, much of the literature on contemporary peacekeepers is limited to anecdotal and individual descriptive accounts (Dallaire, 2003). In the peacekeeping missions of the 1990s, peacekeepers could only intervene in self – defense. There was a dissonance between the peacekeepers' expectations and what actually took place in the deployments to Somalia, Rwanda and the former Yugoslavia. Contemporary peacekeepers found themselves in highly uncertain, complex and ambiguous environments with a tangle of self-proclaimed authorities -- militias, warlords, and other armed groups (Dallaire, 2003). They felt helpless and powerless as they could not intervene in situations such as genocide, ethnic cleansing, etc. The United Nations (UN) has estimated that there are a quarter of a million child soldiers worldwide, with young girls acting as human shields and trained executioners (Hensley, 1995). Canadian and British studies indicate that as high as 70% to 90% of peacekeeping soldiers in Bosnia sustained direct threats, such as weapons or mortar fire, being held at gunpoint, and sniper activity (Danieli, 2002). The psychological issues soldiers face during these contemporary peacekeeping operations represent a new class of potential stressors than in previous interstate conflicts (Birenbaum, 1994; English, 1999; Passey, 1995; Rosebush, 1998).

The Canadian Forces Boards for Somalia and Croatia investigated stressors leading to problems during deployment, including exposures such as witnessing mass genocide, ethnic cleansing, torture, murder, rape, poverty, starvation, and incarceration of the civilian population (Dallaire, 2003; English, 1999; Passey & Crockett, 1999; Rosebush, 1998). Other traumatic experiences included: witnessing death and dying, observing suffering, clearing civilian corpses, unexploded land mines, being fired upon, destruction of property, atrocities and being caught in the crossfire of feuding parties (Ehlich, Roemer, &Litz, 1997). Some of the other unique stressors included proximity to potentially hostile individuals in order to provide protection, deterrence and humanitarian assistance and taunting and harassment by civilians (Hensley, 1995). An additional stressor was the belief among many of the peacekeeping soldiers that these stressors are unrecognized by their families, friends and governments. In addition, stressors such as role conflict (combat versus peacekeeping roles), role ambiguity (unclear duties), and stress from overwhelming responsibilities and moderating factors such as unit cohesion and leadership have been shown to affect peacekeepers' experiences of their mission.

Questionnaire type surveys and structured interviews provide descriptive thematic data about the positive and negative impact of these deployments. Resilience to stress and a greater appreciation for freedom and helping others had a positive impact on peacekeeping (Britt, 1998; Britt, Adler & Bartone, 2001; Litz, Orsillo, Friedman, Ehlich, & Batres, 1997). A number of studies reported that witnessing ethnic cleansing, torture, rape, and mutilation of the innocent (such as women, children, and the elderly) had the most negative impact (Lamerson & Kelloway, 1996; Passey & Crockett, 1999; Pinch, 1994; Roberts, 2000; Rosebush, 1998). Due to the Rules of Engagement (ROE), peacekeepers were required to monitor these atrocities passively, creating a sense of impotence, helplessness, and lack of control (English, 1999; Passey & Crockett, 1999; Rosebush, 1998).

Factors that influenced a negative impact included: 1). The ambiguities of peacekeeping missions (Litz, King, King, Orsillo, & Friedman, 1997; Doutheau, Lebigot, Moroud, Crocq, & Favre, 1994; Johansson, 1997; Lamerson, 1995; Lamerson & Kelloway, 1996; Passey & Crockett, 1999). 2). Physical and psychological isolation (Bartone, Adler & Vaitkus, 1998; Britt & Adler, 1999; Adler, Dolan, Castro, & Bienvenue, 2000). 3). Feelings of powerlessness, helplessness, and anger about their inability to meet the needs of the local population to relieve their suffering, were expressed by many of the peacekeeping soldiers (Britt & Adler, 1997; Litz, Friedman, Orsillo, Ehlich, Roemer, Fitzgerald, & Batres, 1996; Passey & Crockett, 1999; Rosebush, 1998). 4). Needless to say, many dangers and threats to life were expressed by peacekeepers in several of the studies (Lamerson, 1995; Lamerson & Kelloway, 1996; Passey & Crockett, 1999; Rosebush, 1998). 5). The problem of boredom has been noted in several of the studies (Ballone, Valentino, Occhiolini, Di Mascio, Cannone, & Schioppa, 2000; Bartone, et al., 1998; Litz, Orsillo, Friedman, Ehlich, & Batres, 1997). Bartone et al. (1998) summarized the range of stressors into a model of five underlying dimensions of psychological stress salient to soldier adaptation in peacekeeping operations: isolation, ambiguity, powerlessness, boredom, and danger/threat.

The impact of trauma on peacekeepers can be associated with suffering from serious psychopathology such as PTSD, depression, alcohol abuse or dependence, generalized anxiety disorder, adjustment disorders and poor over all physical health (Lamerson, 1995; Lamerson & Kelloway, 1996; Passey & Crockett, 1999).

## The Studies on Healing from Trauma

Most of the literature in the field of trauma and healing from trauma tends to emphasize the ordeal and focuses less upon how healing happens. The literature on the experience of healing from trauma is mostly limited to stage models of healing or recovery which are applicable to all types of psychological trauma (Bass & Davis, 1988; Engel, 1989; Herman, 1992; Kritsberg, 1993; Matsakis, 1992). Herman (1992) applies her theory of complex post traumatic stress to explain one stage model of recovery while Matsakis (1992) uses the theory of post traumatic stress to clarify her stage model. While each model presents the stages of healing from a unique perspective, all the models have certain key issues in common. The first stage is one of providing safety or stabilization for symptom reduction. The second stage is referred to as active healing (Kritsberg, 1993); remembrance and mourning (Herman, 1992) and the emotional stage (Matsakis, 1992) because it is during this stage that the person deals with the feelings around the trauma. The last phase can be depicted as reconnection (Herman, 1992), Matsakis (1992) or integration (Kritsberg, 1993). Bass and Davis (1988) referred to this phase as forgiveness, spirituality, resolution and moving on. Engel (1989) divides this phase into three main tasks: (1) rediscovering the self, (2) self-care, and (3) forgiving self. During this phase, the person integrates experiences of the past, moves on to life in the present, and makes plans for the future. The process of healing appears to be no different regardless of whether the person has experienced incest; sexual abuse; rape; sexual assault; a crime perpetrated upon him or her; domestic violence; a natural catastrophe; a motor vehicle accident; war or peacekeeping missions (Matsakis, 1992). However, in my clinical experience, healing from different types of trauma is a very unique experience for each individual person.

Quantitative research studies have focused on healing or recovery from trauma by measuring the efficacy of different therapeutic interventions for the reduction of PTSD symptoms, depression, anxiety and other diagnostic categories (Boudewyns & Hyer, 1996; Creamer, Morris, Biddle & Elliot, 1999; Devilly, Spence& Rapee, 1998; Foa, Dancu, Hembree, Jaycox, Meadows, & Street, 1999; Scheck, Schaeffer &Gillette, 1998). Qualitative research studies provide an in depth richly contextualized understanding of healing from trauma from the perspective of survivors. Paul (2004) presented a case study of a female survivor to illustrate the process of healing from the trauma of domestic violence. The process included regaining a sense of autonomy, finding her personal power, reestablishing control in her life, surrounding herself with positive relationships, restoring her sense of worth and telling her story to community and professional groups as a way to educate others and to continue her own healing.

Zaleski (1995) interviewed 8 adult female survivors of childhood incest to understand the process of healing from childhood incest based on grounded theory techniques. The core theme that emerged was 'breaking the rule of silence'. The process of 'breaking the rule of silence' consisted of four stages: speaking in a whisper, turning up the volume, speaking out, and learning a new language.

Scotten (2003) examined some of the ways in which the healing process took place in 4 female adults who had experienced childhood trauma and dissociation. The study employed autoethnography, heuristic inquiry, phenomenology and grounded theory which yielded themes of recursivity, social change, metaphor and cognitive restructuring. The undergirding of the healing process was the expression that their healing was a soul-centered activity and was also a cognitive act that helped to break the cycle of their dissociative thinking processes.

Bradway (2001) interviewed 17 female survivors of interpersonal trauma for a phenomenological study in order to deepen the understanding of support by identifying qualities of relationships that promote healing in both formal and informal networks. Themes extracted from the interviews suggested that healing relationships are anchored in shared experiences which are marked by their mutuality, authenticity, continuity, and attunement to the individual.

Anderson (2001) interviewed 26 adult female incest survivors to explore the different experiences that they perceived as beneficial in helping them to overcome their early childhood trauma. The study employed a naturalistic inquiry approach to grounded theory building. A theory of resilience was developed based on five themes that emerged from the interviews. These themes included resistance to: (a) being powerless; (b) being silenced; (c) doing harm to others; (d) being isolated; and (e) being consumed by the aftereffects.

Draucker and Madsen (1999) interviewed 10 women who had experienced sexual violence by men known to them. Through the use of the Heideggerian concept of "dwelling" and excerpts from the literature and the communications media, the authors provided a rich complex understanding of the lived experience of women dwelling with violence. The authors illuminated an understanding of the meaning of violence in women's lives that really requires an awareness of both their life stories and the social context of the violence they have encountered. The authors contend that nurses and other health care professionals need to understand not only symptomatic responses but the overall effect of violence on women's lives.

By exploring the Heideggerian concept of "dwelling" in a violent life world i.e." living in exile" and "sparing and preserving," the contemporary social context of violence against women was made visible. Their stories challenge the view that women are reduced to the victim role and that their responses to violence are pathological. This study provided a contrasting view by illustrating that women are actively engaged in their healing and recovery. In particular, the roles of the arts are seen as resources instead of escapes. One of the significant contributions of this study was to provide the reader with an expanded appreciation of the strengths of these women i.e. their personal resources and the way in which they heal from experiences of sexual violence.

Crandall (1997) studied the lived experience of recovery for young women who had been sexually abused as children. The ten common themes included:1) working through the denial of been sexually abused, 2) diminishing the lasting effects of sexual abuse, 3) helping the person move from the victim stance to a survivor stance, 4) a journey of self -discovery, 5) fostering the possibility for improved relationships with family members, friends, and partners, 6) reducing the negative influence of the perpetrator, 7) encompassing a variety of therapeutic encounters, 8) helping the person to explore the ambiguity of memory, 9) influencing future direction and 10) a complex process with no clear resolution. The descriptions of each theme illustrate how the women were able to confront and transform the trauma of being sexually abused.

Mental health professionals have identified several aspects of healing or recovery based on their work with sexually abused men such as disclosing and accepting the reality of the abuse (Bolton, Morris, & MacEachron,1989), memory retrieval (Bolton et al.,1989); (Timms & Connors, 1990), grief resolution (Bolton et al.,1989); (Hunter & Gerber, 1990); acceptance and expression of emotion (Bolton et al., 1989); (Timms & Connors, 1990); empowerment (Timms &Connors, 1990) and anger management ( Bruckner & Johnson, 1987). Draucker and Petrovic (1996) generated a theoretical framework of the healing process of 19 adult male survivors based on grounded theory methods. The survivors described a healing journey from captivity to freedom, belonging and power. Prehealing experiences were described as a state of being marked by a sense of confinement, alienation, and condemnation. Conceptualizing healing as an escape from the dungeon captured the survivors' struggle against internal forces stemming from the abuse (e.g., emotional pain) and external forces that kept them imprisoned (e.g., society). The study provided a beginning understanding of the unique healing process of male survivors of childhood sexual abuse.

Draucker (2003) examined the narratives of 27 women and 17 men healing or recovering from violence. Six themes emerged from the women's narratives: rebellion stories, breaking- free stories, resurgence stories, refugee stories, determination stories, and confidant stories. Three themes emerged from the men's narratives: reawakening stories, normal guy and buddy stories, and champion stories. The study provided an appreciation of the unique outcomes of men and women healing from the trauma of violence.

Miller, Worthington, Muzurovic, Tipping and Goldman (2002) interviewed 28 Bosnian refugees for a rich source of information regarding the challenges they encountered in the United States. The purpose of the study was to expand the current model of understanding distress and healing of refugees by improving the efficacy of mental health services in order to create new and meaningful lives in exile.

The major themes were social isolation and the loss of community, the loss of life projects, a lack of environmental mastery, the loss of social roles and the corresponding loss of meaningful activity, a lack of sufficient income for adequate housing and other basic necessities and health problems not previously experienced in Bosnia.

Karner (1994) interviewed 12 male Vietnam veterans diagnosed with PTSD to understand what Vietnam meant to and for these men. An additional question was posed to understand how the experience illuminated their identity formation, the impact of culture on their lives, and their internalized social context. Interpretative procedures based on grounded theory were employed to explore the social construction of meaning. Themes of masculinity i.e. nascent masculinity, military masculinity, toxic masculinity, and medicalized masculinity within the social context of family, community and religion came to the forefront in the life stories of these veterans. The theme of healing from trauma included remembering and retelling the trauma, the remembered selves or the past of the mind which included victims and aggressors, futures selves, and the past and the future of memory.

Magomed –Eminov and Madrudin (1997) conducted two studies, the 1st with 210 Soviet veterans (112 with PTSD and 88 without PTSD) and the 2nd with 200 Soviet veterans (121 with PTSD and 79 without PTSD) of the war in Afghanistan. Thirteen and nine themes, respectively, of intrapsychic conflict of the meaning of life, emerged from a 13 item sentence completion task and a structured interview. The results supported the assertion that it is the existential crisis and inability to come to grips with a meaningful theory of life that causes the prolonged recovery or healing experienced by war veterans.

A phenomenological exploration of the experience of living with military-related PTSD of two Israeli soldiers was undertaken by Kroch (2004). The soldiers' lived experience of the diagnosis included: the intrusive character of traumatic memories; traumatic memories re-experienced vividly in their "presentness"; traumatic memory reminders; traumatic meaning derived from the individual's personal history; the body re-experiences the trauma; the world is perceived as a dangerous place and the lived space is shrinking; living in a constant state of vigilance and past trauma as something that no one can comprehend and no words can describe. The study enriches understanding of what happens if one doesn't heal or recover from traumatic memories.

## Limitations of the Studies

The qualitative research studies are limited to the experiences of women and violence, male survivors of sexual abuse, refugee populations, Viet Nam War veterans, Soviet veterans and Israeli soldiers. The studies about contemporary peacekeepers are limited to quantitative methods and structured clinical interviews which focus on positive and negative impact, symptom checklists, PTSD risk factors and the prevalence of psychiatric disorders such as depression and PTSD.

Summerfield (2001) stated and I concur, that the mental health field adopted the Western scientific viewpoint of a narrowly deterministic and pathologized approach with the simplistic application of formulas like PTSD. People diagnosed with PTSD are considered to have a "broken or disordered brain" which separates them into parts and disorders. In so labeling, the brain has been separated from the body and elevated to prominence (Bracken, 1999). Those diagnosed as mentally ill become part of a deviant subgroup (Ussher, 1991). PTSD has been constructed to explain reaction patterns common to survivors of natural disasters, military combat and victims of violence. The only thing they may share in common is the diagnostic label. The person is maintained at a distance, and is constructed as other (MacCallum, 2002). Nursing adopted the notion of diagnostic labeling with nursing diagnoses which describe a person's response to a health problem. The official definition of a nursing diagnosis according to the North American Nursing Diagnosis Association (NANDA) is that of "a clinical judgment about individual, family, or common responses to actual or potential health problems or to life processes" (Sparks & Taylor, 1991, p.10). For example, Post Traumatic Stress Disorder became the Nursing Diagnosis of Post Trauma Response.

However, many authors (Becker, 1995; Bracken, 2001; Gorman, 2001; Lykes, 1996; Summerfield, 2001) have criticized models and philosophies based on medical assumptions of trauma and the PTSD diagnosis. Lykes (1996) stated positivistic philosophy remained "embedded in traditional Western Eurocentric medical conceptions of illness, where selective symptoms and behavioral indexes provide evidence of PTSD or other diseases" (p. 161). A related and equally important warning has been voiced by Bustos (1990), among others, not to turn the ordeal of trauma into a diagnosis in which "the mere fact of having lived through the experience suggests stigmatization; instead the effects of trauma should be seen as "meaningful conditional relations for sound and forceful constitution that makes survival possible in a very pathological situation" (Somnier, Vesti, Kastrup, & Genefke, 1992, p. 68). The "expectable, normal reactions to suffering or witnessing the effects of war or political repression (i.e. torture, rape, witnessing murders, genocide, assassinations, etc.) should not be called a "disorder" (Eissler as cited in Becker, 1995, p.103).

As we saw in the story of Jane, the traditional medical model diagnostic approach "typical borderline personality disorder manipulation" failed to grasp the unique individual and her lifeworld experience. The reality of human experience and human meaning is more complex than the scientific approach of fragmentation for purposes of scrutiny and diagnosis (Bergum, 1994). The Post Traumatic Stress Disorder (P.T.S.D.) classification serves as an aid to diagnose, rather than a description of the whole person and their lifeworld experience (Jannof-Bulman, 1992). Psychiatric and Nursing diagnoses do not really mean anything in terms of understanding the whole person. We cannot attempt to understand the whole person in a magnetic resonance imaging (MRI) or when viewed as a physical and chemical brain process, governed by natural laws, completely determined by causality (Anthony, 2000). Diagnostic labeling requires a nurse to judge the thoughts, feelings and actions of other human beings. When the individual patient is objectified in terms of a mere multiplicity of data, their personhood is lost (Gadamer, 1996).

As van Manen (1998b) points out, in the quest for a deeper understanding of the meaning of lived experience, it is human nature to attempt to ascribe patterns, models or frameworks to provide ready-made explanations. Diagnostic labeling and stage models of healing from trauma are ready made explanations or representations which do not refer to the original lived experience as presented. In representation, the subject matter is chosen as to what the author wishes to express, how it is to be represented; its synthesis, its schemata is also chosen (Cameron, 1998). How then, do we call ourselves to stand in the midst of peacekeepers healing from trauma as it presents itself directly in the life world? We can continue to asked pertinent questions such as: How do we know that the phenomenon of healing is what we represent in its discourse? Should we represent the phenomenon of healing in one way that it is represented in the same way for everyone? How do we call ourselves back from the predominantly Western way of representation?

One way is to remember that the engagement of nurses and patients always begins and ends in the life world. Representation is primarily concerned with communicating something to others regardless of its true or false images whereas presentation is living and expressing it (Cameron, 1998). We need to understand "expressions of lived human corporeality in situated time and space, including all the nuances within such; all that is contiguous to our acting in the life world" (Cameron, 1998, p. 268).

To bring language to what we see directly in the life world creates a constant tension between life as lived and our attempts to (re) present it. In my experience, diagnostic labels and stage models of healing or recovery are representations that fail to grasp the totality of the being before us. I believe that nurses and other health care professionals need to understand not only symptomatic responses but the experience of contemporary peacekeeping healing from trauma. The questions remain: *How can we come closer to the experience of contemporary peacekeepers healing from trauma? What is the experience of contemporary peacekeeping and how does it lead to trauma? Are contemporary ways of treatment helping peacekeepers to heal?*

## Literary Sources

Van Manen (1998a) discussed the importance of literary sources for hermeneutic phenomenological inquiry as a way to provide the phenomenologist with possible human experiences and possible worlds not normally experienced. The four existential life world themes are preverbal and therefore hard to describe (van Manen, 1998a). Often the special language of novels and poetry or the evocative effect of story and anecdote are required for phenomenological inquiry to do its work (van Manen, 1997a). Poetry and novels play a part to show, present, and clarify meaning felt and grasped at the core of our being (Gadamer, 1996).

In hermeneutic phenomenological inquiry, the thematic-semantic forms of meaning are interested in what the text says, whereas as the expressive –mantic is interested in how the text speaks to divine and inspirit our understanding (van Manen, 1997a). The expressive-mantic aspects of the text as described by van Manen (1997a) include lived throughness (the phenomenon is placed concretely in the life world to be experientially recognized and reflected upon); evocation (experience is brought vividly into presence); intensification (keywords are given their full value, so that layers of phenomenological meaning become strongly embedded in the text); tone (secondary meaning is grasping the inner meaning whereby words become completely filled with meaning that transcend the primary meaning (informational/outer content) of the text and epiphany (the sudden perception or intuitive grasp of the life meaning of something). The thematic types of statements must constantly be "mantically massaged" for a felt or more deeply sensed understanding (van Manen, 1997a).

Various forms of literary sources such as poetry written by war veterans, individual personal accounts of contemporary peacekeeping and fictional novels based on historical archives such as the Regeneration trilogy by Barker (1991, 1993, 1995) speak to the four fundamental life world themes of lived body (corporeality), lived space (spatiality), lived human relation (relationality or communality) and lived time (temporality) which are integral to the experience of contemporary peacekeeping. I refer here to available literature from contemporary peacekeepers as well as from written war experiences because there is little experiential literature from peacekeepers. In addition, peacekeepers are trained as soldiers for war as previous generations of soldiers were trained before them. War and peacekeeping are intertwined and interconnected through the experiences of these soldiers. Thus, excerpts from these various sources will be discussed below as a way to take us closer to the experience of healing from the trauma of war and peacekeeping and to begin to discuss the life existentials as an epistemology to reflect on lived experience (van Manen, 1998a). As Shay (1994) has noted "healing from trauma depends upon 'communalization' which is the veterans' ability "safely to tell the story to someone who is listening and who can be trusted to retell it truthfully to others in the community" (p.4). Literary sources explore the function of story telling in the veteran's struggle to bear witness to the traumatic events as part of the experience of suffering and healing from trauma. In essence, the function of storytelling becomes a ritual or ceremony of healing, much like the cleansing ceremonies of ancient, warrior cultures (Shay, 1994).

### *Lived body (corporeality)*

With his concept of the lived body, Merleau- Ponty (1962) believed that our intentional consciousness is experienced in and through our bodies. For Merleau-Ponty, who speaks of the body in terms of incarnation and flesh, embodiment is both ontology and epistemology. He writes that:

> Neither body nor existence can be regarded as the original of the human being, since they presuppose each other, and because the body is solidified or generalized existence, and existence a perpetual incarnation (1962, p. 166).

Humans are considered body-subjects, beings, and consciousness unified. In his poem *Disabled*, Wilfred Owen (1920/1983) describes the experience of a World War I veteran lived through and inscribed upon his body. In this poem a young man has returned from World War I and I present it here to show his experience. The poem is lengthy but I think it helps us, as a piece of interpreted life work, to understand military action and its effects on soldiers which may help us understand some of the experience of contemporary peacekeepers as there is little written to date about their experiences. Bachelard (1964) writes that the images in poetry are almost always directly apprehended and directly understood.

*Disabled*

He sat in a wheeled chair, waiting for dark,
And shivered in his ghastly suit of grey,
Legless, sewn short at elbow. Through the park
Voices of boys rang saddening like a hymn,
Voices of play and pleasure after day,
Till gathering sleep had mothered them from him.

About this time Town used to swing so gay
When glow-lamps budded in the light blue trees,
And girls glanced lovelier as the air grew dim,-
In the old times, before he threw away his knees.

Now he will never feel again how slim
Girls' waists are, or how warm their subtle hands.
All of them touch him like some queer disease.

There was an artist silly for his face,
For it was younger than his youth, last year.
Now, he is old; his back will never brace;
He's lost his colour very far from here,
Poured it down shell-holes till the veins ran dry,
And half his lifetime lapsed in the hot race
And leap of purple spurted from his thigh.

One time he liked a blood-smear down his leg,
After the matches, carried shoulder-high.
It was after football, when he'd drunk a peg;
He thought he'd better join.-He wonders why.
Someone had said he'd look a god in kilts,
That's why; and maybe, too, to please his Meg,
Aye, that was it, to please the giddy jilts
He asked to join. He didn't have to beg;
Smiling they wrote his lie: aged nineteen years.
Germans he scarcely thought of; all their guilt,
And Austria's, did not move him. And no fears
Of Fear came yet. He thought of jeweled hilts

For daggers in plaid socks; of smart salutes;
And care of arms; and leave; and pay arrears;
Esprit de corps; and hints for young recruits.
And soon, he was drafted out with drums and cheers.

Some cheered him home, but not as crowds cheer Goal.
Only a solemn man who brought him fruits
Thanked him; and then inquired about his soul.

Now, he will spend a few sick years in institutes,
And do what things the rules consider wise,
And take whatever pity they may dole.
Tonight he noticed how the women's eyes
Passed from him to the strong men that were whole.
How cold and late it is! Why don't they come
And put him into bed? Why don't they come?

Kockelmans (1987) states:

> In human reality there are certain phenomena which reach so deeply into a man's life and the world in which he lives that poetic language is the only adequate way through which to point and to make present a meaning which we are unable to express clearly in any other way. (p.ix)

In the poem *Disabled,* Wilfred Owen's great memorable lines provide a more poignant, richer and deeply sensed understanding of embodiment in lived time, lived space and lived human relation that would be difficult to present in another form.

As Merleau-Ponty (1962) claims:

> The world is not what I think but what I live through… My body is the meaningful core, which behaves like a general function, and which [therefore] exists. Existence is known through the body…bodily experience forces us to acknowledge an imposition of meaning, which is not the work of a universal constituting consciousness, a meaning which clings to certain contents. (p.147)

In *Shake Hands With The Devil: The failure of humanity in Rwanda,* Romeo Dallaire (2003) writes:

> It has been almost nine years since I left Rwanda, but as I write this, the sounds, smells and colors come flooding back in digital clarity. It is as if someone had sliced in my brain and grafted this horror called Rwanda framed by blood-soaked frame directly on my cortex. (p.4)

One can sense the deeply felt meaning of the sounds, smells and colors of Rwanda felt in and through Dallaire's body which clings to certain traumatic contents. The concrete portrayal of his embodied experience in Rwanda places us in the midst of the lived reality where the phenomena of trauma can be a felt concern. Van Manen (1997b) writes: Lived body (corporeality) refers to the phenomenological fact that we are always bodily in the world" (p. 103). Leonard (1994) suggests that it is the body that first grasps the world and moves with intention in it (p. 52).

Dallaire (2003) writes …

> I noticed a number of soldiers with long poles upstream, polling bloated bodies up on the bank. To me this was now such a commonplace site it did not penetrate my protective screen. Staring up at me were the faces of half nude corpses, stuck under the bridge. There were a lot of them. In some places, they had accumulated to the point that we were actually walking on a bridge of dead bodies. On the far bank, soldiers were trying to pry them loose for fear that their weight would pull the bridge apart. The screen shattered, my stomach heaved and I struggled for composure. I couldn't bear the movement of the bridge, up and down on the slaughtered hundreds. (p.431)

In this excerpt, one can see that Dallaire's bodily experience of the heaving of his stomach first grasps the world and forces him to acknowledge an imposition of meaning that he was walking on the slaughtered bodies of hundreds. This graphic passage evokes images into present nearness in order to "know" them "cognitively" while "feeling" them "noncognitively" (van Manen, 1997a).

Merleau-Ponty (1962) writes:

> My body is the fabric into which all objects are woven, and it is, at least in relation to the perceived world, the general instrument of my 'comprehension.' It is my body, which gives significance not only to the natural object, but also to cultural objects like words. (p.273)

He also writes, "Physical and mobile, my body is a thing among things; it is caught in the fabric of the world, and its cohesion is that of a thing" (Merleau-Ponty, 1964, p.163). In his later thought, Merleau- Ponty (1968) talked of the body as:

> "flesh", made of the same flesh of the world, and it is because the flesh of the body is of the flesh of the world that we can know and understand the world. The world is made of the same stuff as the body. (p.163)

Merleau-Ponty helps us to understand that embodiment is essential to life situations where the presence of the body gives the other life existentials their meaning, i.e. time, space and relation.

The poem titled *Mental Cases* by Wilfred Owen (1920/1983) illustrates the body as the fabric through which all objects are woven. The flesh of the body is the flesh of the world:

*Mental Cases*

Who are these? Why sit they here in twilight?
Wherefore rock they, purgatorial shadows,
Drooping tongues from jaws that slob their relish,
Baring teeth that leer like skulls' teeth wicked?
Stroke on stroke of pain, - but what slow panic,
Gouged these chasms round their fretted sockets?
Ever from their hair and through their hands' palms
Misery swelters. Surely we have perished
Sleeping, and walk hell; but who these hellish?

These are men whose minds the Dead have ravished.
Memory fingers in their hair of murders,
Multitudinous murders they once witnessed.
Wading sloughs of flesh these helpless wander,
Treading blood from lungs that had loved laughter.
Always they must see these things and hear them,
Batter of guns and shatter of flying muscles,
Carnage incomparable, and human squander
Rucked too thick for these men's extrication.

Therefore still their eyeballs shrink tormented
Back into their brains, because on their sense
Sunlight seems a blood-smear; night comes blood-black;

Dawn breaks open like a wound that bleeds afresh.
– Thus their heads wear this hilarious, hideous,
Awful falseness of set-smiling corpses.
– Thus their hands are plucking at each other;
Picking at the rope-knouts of their scourging;
Snatching after us who smote them, brother,
Pawing us who dealt them war and madness.

The poem titled *Mental Cases* by Wilfred Owen offers a sense of vivid truthfulness of the body as flesh, made of the same flesh of the world. Vividness sets our intuitive capacities in motion (Gadamer, 1996). In poetic text, meaning tends to be strongly embedded which means that the relational tension between words and passages is compressed and tightly woven (van Manen, 1997a). The use of repetition and alliteration are used to produce certain poetic effects and felt understandings. The alliterative phrase "Memory fingers in their hair of murders, multitudinous murders they once witnessed" is an example of the intensification of language that resembles the "thickening" and compressing effect of poetry. If the poem were interfered with by paraphrasing or summarizing, we would mostly likely experience a loss of meaning (van Manen, 1997a).

### ***Lived space (spatiality)***

The body is the focal point of living meanings, the carrier of our mortality, and the origin of all our spatial relationships (Thomas & Pollio, 2002).This relation was already elucidated when we showed that it is temporal before being spatial.

Merleau-Ponty (1962) writes:

> Human beings become bodily and our bodies are not in space, but rather of space … the parts of space seen as breadth, height or depth, are not juxtaposed, but that they co-exist because they are all drawn into the hold that our body takes upon the world. (p.278)
>
> Things coexist in space, because they are present to the same perceiving subject and enveloped in one and the same temporal wave (p.321)….We have said that space is existential; we might just as well have said that existence is spatial, that is, that through an inner necessity it opens on to an "outside", so that one can speak of a mental space and a world of meanings and objects of thought, which are constituted in terms of those meanings. (p.342)

The duality of inner and outer space is fundamental to the erection of the total lived space, indeed for human life in general (Bollnow, 1961). The lived space outside the protective boundaries of home includes breadth, strangeness and distance (Bollnow, 1961).

Barker (1993), author of the Regeneration Trilogy mentioned above, chronicles the experiences of Dr Rivers, a psychiatrist who actually lived and did psychiatric treatment for military trauma in World War I. He was taken away from his research work at Cambridge University and given the task of treating soldiers who were traumatized from the trench warfare. His task was also to ready the soldiers for their return to the Front.

Barker writes about the experience of lived space in her World War I book titled *The Eye in the Door* (1991). A soldier, Prior, is speaking of his experience:

> No man's land. He remembered looking down a lane in France. The lane had a bend in it, and what was beyond the bend was hidden by a tall hedge. Beyond that was no man's land. Beyond that again, the German lines. Full of men like himself. Men who ate, slept, shat, blew on their fingers to ease the pain of cold, moved the

> candle closer, straining their eyes to read again letters they already had by heart. He knew that, they all knew it. Only it was impossible to believe, because the lane led to a country where you couldn't go, and this prohibition alone meant that everything beyond that point was threatening. (p.176)

In this passage, we can see that the body is the origin of all spatial relationships and the focal point of living meanings. The inner space of the trenches which is protected and hidden is separated from the outer space of no man's land. The seeming security of the known inner space of the trenches slowly thins out to the relatively known to the completely unknown as it stretches out in front of them. Beyond a certain point, the outer space is considered one of openness, of danger and strangeness.

Yi-Fu Tuan (as cited in Thomas & Pollio, 2002) notes that there are clearly different experiences and meanings attached to the space in front of and behind, to the right or left, and above and below the person. Using the body as center, and the upright, waking position as point of reference, Tuan points out that space "projected from the body is biased toward front and right. The future is ahead and up and the past is behind and below" (p. 206-208). In the passage from *The Eye in the Door*, the breadth, height or depth of space can be seen as experienced according to how the soldier's body is positioned in the world. The soldier's sense of outer space is determined by the position that his body has taken looking down a lane which opens up space and organizes space. The lane in France faces him forward towards no man's land where the future is ahead and the past behind and below.

Van Manen (1997b) writes that lived space (spatiality) is "felt space" (p. 102). He suggests that we may say that we become the space we are in. Through fiction and poetry, new possibilities of being-in-the-world are opened up to the reader (Ricoeur, 1981). Pat Barker (1995) writes about the lived space as felt space in her book on World War I titled The Ghost Road. The soldier, Prior speaks:

> It was sort of a morose disgust, and it came from living in trenches that had bits of human bones sticking out of the walls, in freezing weather corpses propped up on the fire step, flooded latrines (p.174)... Confined space, immobility, helplessness, passivity, constant danger that you can do nothing to avert... Our minds are in flight, each man tries to reach his own accommodation with what he saw and did. (p.194)

In these passages, there is a concrete portrayal of the "felt space" of the trenches described as sort of a morose disgust with a sense of helplessness, passivity and constant danger. The reader can vicariously experience this "felt space" in the trenches which one would normally not experience. Prior, the soldier in the The Ghost Road by Pat Barker (1995) speaks:

> We're marching back, through the same desolation, but towards safety. Another battalion has leapfrogged us into the line. And every time my right foot hits the ground, I say, over, over, over...Not like going over the top used to be, climbing out of the bloody trench. Just a quick slither through the wire, barbs snagging the sleeves, and into the mud. I felt the coldness on my cheek, and the immense space above, the sense you always get when lying on the ground in the open of the earth as a ball turning into space. (p. 194-195)

In this passage, one senses the different experiences and meanings attached to the lived space front of and behind, to the right or left, and above and below the person. The situational context in this case the marching along of the troops affects the tone of the text. The textual tone of this passage may leave a sense of the secondary/inner meaning of this experience that transcends the primary/outer meaning of the text. For me, the inner meaning of the text is that the breadth, height or depth of bodily lived space is not juxtaposed, but co-exist because they are all drawn into the hold that our body takes upon the wholeness of earth and outer space beyond the earth.

Dallaire (2003) writes:

> Suddenly up ahead, we saw a child wandering across the road. We were in a ravine, lush with banana trees and bamboo shoots, which created a dense canopy of foliage. I continued to argue with the young soldier, but this child soldier was in no mood to discuss the situation. But then I noticed that the boy himself had slipped away, while we had been arguing over him. My aide-de-camp spotted him at the entrance to a hut a short distance away, clamoring over a log that had fallen across the doorway. I made my way over to him as slowly and quietly as I could and, lifting him into my arms, carried him out of the hut. I made up my mind: this boy would be the fourth child in the Dallaire family, I couldn't save Rwanda, but I could save this child. (p. 3-4)

In this passage, the lived space (spatiality) is associated with a visceral feeling where Dallaire finds himself in terms of interpersonal relationships and in the spiritual sense, that is, lived space that provides direction, connection and/or purpose.

Van Manen (1997b) writes that cultural and social conventions associated with space give the experience of space a certain qualitative dimension. Lived space, unlike the empty and abstract space of geometry, is never equal in significance in all directions from some neutral point. Because each person experiences him or herself as "the center of his or her world" the idea of the spatial center has further meaning and significance in human life (Yi-Fu Tuan as cited in Thomas & Pollio, 2002). Although part of a larger whole, the house remains the spatial center from which the individual builds his/her spatial world (Bollnow, 1961). The home is still considered in a deep sense an inviolable area of peace, and thus sharply differentiated from the outside world without peace (Bollnow, 1961). For example, Gaston Bachelard (1964) in his *The Poetics of Space* discusses brick and mortar houses in terms of different meanings and experiences associated with attics and basements, front and back yards, open and closed doors, central hearths and cooking areas. Bachelard notes that we usually go down to the basement and up to the attic, suggesting the attic as a more pleasant and anticipated location and the basement as a more negative and avoided one. However, there is a middle point of life-filled space which is no longer the space of the individual but of the group and ultimately of the nation to which one belongs (Bollnow, 1961). How often have we heard that we (each of us) regard their home (land) as the center of the world? Dallaire (2003) describes the boy's lived space his home (land) where he finds the center of his world to be the interior of his hut:

> The hut was a two room affair. I saw strewn around the living room in a rough circle, the decayed bodies of a man, a woman and two children, stark white bone poking through the desiccated, leather-like covering that had once been skin. The little boy was crouched beside what was left of his mother, still sucking on his biscuit. (p.3)

In this passage, the lived space is what refers us to the world or landscape in which human beings move and find themselves at home. This ordinary human experience of the lived space of the boy's home leaves an emotional and corporeal impression upon us.

### *Lived human relation (relationality or communality)*

The experience of our bodies is also an interpersonal or relational experience. Merleau-Ponty (1962) conceptualized the "embodied person existing in a knot of relationships that opens a person to the world" (p. 456). The strong implication of Merleau-Ponty's philosophy is that this knot (or network) of relations are not something that we can, or even should, want to unravel. Dallaire (2003) writes about lived human relation in the following passage:

> The warmth of his tiny body snuggled against mine, filled me with a peace and serenity that elevated me above the chaos. This child was alive yet terribly hungry, beautiful but covered in dirt, bewildered but not fearful… Whatever happened to this beautiful child? Did he make it into an orphanage? Did he survive the following battles? Is he dead or is he now a child soldier himself, caught in the seemingly endless conflict that plagues his homeland? (p.4)

In this passage, the lived relation that Dallaire has with the little boy felt in and through his body is not unraveled even after his return to Canada. The interdependence of the knot is what gives humanity its very qualities, and by dissecting it, we risk losing the very thing that establishes us as human.

Interpersonal meaning concerns experiences in which the body is described in regard to its social and symbolic meaning. Dallaire (2003) describes how girls and women in Rwanda had been raped and murdered.

> The crime was rape, on a scale that deeply affected me. I saw so many faces of death and try now to remember each one. For a long time, I completely wiped the death mask of raped and sexually mutilated girls and women from my mind, as if what had been done to them was the last thing that would send me over the edge. But if you looked, you could see the evidence, even in the whitened skeletons, the legs bent and apart. A broken bottle, a rough branch, even a knife between them. They died in a position of total vulnerability, flat on their backs, with their legs bent and knees wide apart. It was the expressions on their dead faces that assaulted me the most, a freeze of shock, pain and humiliation. (p.430)

Poetic and literary sources are often vivid and sensuous which creates the experience of nearness or presence (van Manen, 1997a). The description of girls and women in Rwanda who had been raped and murdered in turn evoke images that prompt our thoughtful reflection. Such reflections might be: What made him remember each face of death? What made him feel that he would go over the edge with this experience and not another? What is the social and symbolic meaning of raped and murdered girls and women?

Van Manen (1997b) suggests that "lived other" (relationality) is the lived relation we maintain with others in the interpersonal space that we share with them" (p. 104). The lived interpersonal space is measured by the space of activity of human associations (Bollnow, 1961).

George Blackburn (1995) in *The Guns of Normandy: A Soldier's Eye View, France 1944* describes such relationships. He writes:

> Comradeship, that special relationship between people who share awful conditions, and whose life depends on mutual support, will always be a source of fascination. I used to think it was just another word for friendship, but you know now, that the most caring, sharing, selfless comrades, can be men you've never met before and who will remain forever nameless, unless you meet them again under more civilized conditions some days, when in all likelihood, you will not recognize him after the war, for their eyes will be cold and impersonal, not filled with the compassion and understanding you see in them here. (p.441)

In this passage, the lived other (relationality) is the lived 'felt' relation maintained by soldiers in the interpersonal space of the awful conditions of war. When men come together in the true spirit of comrades the acting space of the other is increased by working together. In this interpersonal space, comradeship takes on a different meaning than friendship because their lives are mutually dependent on each other which will not occur again under civilized conditions.

***Lived time (temporality)***

Lived time is our temporal way of being in the world – a person will envision future possibilities while recollecting the past. The future is not posterior to the past, or the past anterior to the present. Temporality is experienced as "future- which- lapses-into-the- past- by- coming- into- the- present" (Heidegger, 1962). The following poem titled *Four Quartets* by T.S. Eliot (1959) illustrates our temporal way of being in the world.

But only in time can the moment in the rose-garden,

The moment in the arbour where the rain beat,

The moment in the draughty church at the smoke fall

Be remembered; involved with past and future.

In *Regeneration*, Barker (1991) talks about lived time through the experiences of Siegfried Sassoon who was a noted poet and decorated war hero. Sassoon publicly refused to continue to serve as a British officer in World War I. Sassoon speaks:

> I was going up with the rations one night, and I saw the limbers against the skyline and the flares going up. What you see every night. Only I seemed to be seeing it from the future. A hundred years from now, they'll still be ploughing up skulls. And I seemed to be in that time and looking back. I think I saw our ghosts. (p.84)

In this passage, one can see future- which- lapses- into- the- past- by- coming- into- the- present. The soldier reaches out to the future that will become the past while being in the present.

Gadamer (1989) has noted that it is sometimes difficult to see how the future and past influence each other in a non-causal way. He asserts:

> There can be no doubt that the great horizon of the past... influences us in everything we want, hope for, or fear in the future. History is only present to us in light of our futurity. (p. 160)

What Gadamer suggests is that the future continuously makes relevant what is significant about our past and our present. It is not the past that controls the future (as scientific thinking has it), but that the future continuously reorganizes which aspect of the past is relevant. Dallaire (2003) writes:

> That moment, when the boy, in the arms of a soldier young enough to be his brother, was swallowed whole by the forest, haunts me. It's a memory that never lets me forget how ineffective and irresponsible we were when we promised the Rwandans that we would establish an atmosphere of security that would allow them to achieve lasting peace. (p.4)…We saw many faces of death during the genocide, from the innocence of babies to the bewilderment of the elderly, from the defiance of fighters to the resigned stares of nuns…For many years after I came home, I banished the memories of those faces from my mind, but they have come back, all too clearly. (p.430)

In these passages, Dallaire reveals that he repeatedly relived the deaths that "haunt me" to remind him of his experience of the Rwandan genocide. Through the process of time and using other experiences to compare, he had searched in order to slowly piece his life back together. Over time, Dallaire realizes that he had to find a new meaning, a new understanding about why the genocide occurred in Rwanda. Reliving the stories of those deaths that "haunt" him, allowed him to review, reassess, and reconstruct the events in light of new understandings that came with new experiences.

A different view of time is presented by Merleau-Ponty (1962) who is considerably more concerned with the way in which we experience time. He points out that it is only in the present that consciousness and time coincide:

> Existence always carries forward its past, whether it be by accepting or disclaiming it. What we have experienced is, and remains, permanently ours; and in old age a man is still in contact with his youth. (p.457)

While it is true that we can grasp time through thinking about the past or in some expectation of the future, it is also true that we can only do so in some present situation.

> Because we are always in some present situation, events experienced as relating to time constantly change our relationship to what went before and what is to come (Thomas & Pollio, 2002, p. 160).

Tim O'Brien (1994) in his book on the Viet Nam War titled *In the Lake of the Woods* writes:

> It was a place where decency mixed intimately with savagery, where you could wave your wand and make teeth into toothpaste, civilization into garbage… pure mystery, pure miracle… a place where every object and every thought and every hour seemed to glow with all the unspeakable secrets of human history. (p.72)

In this powerful passage, one can see time and consciousness coincide. O'Brien in the present time as an older man is still in contact with his youth spent in Viet Nam.

Pat Barker (1991) in her first book on World War I titled *Regeneration* writes about time through the experience of Wilfred Owen. Owen was a poet who served and was killed in World War I. Owen is speaking to Sassoon at the Craiglockhart War Hospital where they were both being treated by Dr. Rivers. Owen speaks:

> Sometimes when you're alone in the trenches, I mean at night, you get the sense of something ancient. As if the trenches had always been there. You know one trench we held; it had skulls in the side. You look back along and…Like mushrooms. And do you know, it was actually easier to believe they were men from Marborough's army, than to think they'd been alive two years ago. It's as if all other wars had somehow… distilled themselves into this war, and that makes it something you almost can't challenge. It's like a very deep voice saying, Run along, little man. Be thankful if you survive. (p.83)

The tone of this passage may strike an epiphany which refers to the sudden perception or intuitive grasp of the life meaning of something (van Manen, 1997a). Epiphany steers us at the core of our being to reflect on life's meaning at the level of sensory and pre-reflective awareness as well as at the level of reflective meaning that concerns our place in life (van Manen, 1997a). On both levels, one may be pre-reflectively aware and reflect on the temporality and meaning of war. A felt sense of all wars being distilled together all interconnected to the future, the past and the present. Merleau-Ponty (1962) states:

> The past, therefore, is not past, nor the future future. It exists only when subjectivity is there to disrupt the plenitude of being in itself, to adumbrate a perspective, and introduced non-being into it, a past and future spring forth when I reach out towards them. (p.489)

In the *Eye in the Door*, Barker (1993) writes about the soldier, Prior:

> He found himself looking at an elaborate painted eye. The peep hole formed the pupil, but around this someone had taken the time and trouble to paint a veined iris, an eye white, eyelashes and a lid. This eye, where no eye should have been, was deeply disturbing to Prior. For a moment he was back in France, looking at Tower's eyeball in the palm of his hand. He blinked the image away. (p.36)

In this passage, the soldier's past time in the war is with him in the present as he reaches for the future. Copp (1992) in *The Brigade: The Fifth Canadian Infantry Brigade, 1939-1945* writes:

> The situation quickly became confused. Lieutenant E.A. Michon, who commanded the other platoon, learned that the acting Commanding Officer had been wounded and went forward to take command. Michon told the historical officer that "In the confusion of the night and the battle, I lost my sense of time and space." With daybreak, Mishon, still convinced he was in May-sur-Orne, organized his men to clear the eastern part of the village systematically. Michon did not learn where he really was or the time until the Black Watch arrived in the area. (p.75)

Lived time (temporality) is subjective time as opposed to clock (objective) time. In the above passage, we see the subjective experience of lived space and lived time perceptions change and become out of sync with objective time and space.

Merleau-Ponty (1962) has written that the hold on the past and the future is precarious and possession of one's own time is always postponed until a stage when one may fully understand it, yet this stage can never be reached, since it would be one more moment bounded by the horizon of its future, and requiring in its turn, further developments in order to be understood.

In *Regeneration* by Barker (1991, p.189) a poem written by Siegfried Sassoon can be interpreted in this way:

When I am asleep, dreaming and drowsed and warm,
They come, the homeless ones, the noiseless dead.
While the dim charging breakers of the storm
Rumble and drone and bellow overhead,
Out of the gloom they gather about my bed.
They whisper to my heart; their thoughts are mine.
'Why are you here with all your watches ended?
'From Ypres to Frise we sought you in the line.'
In bitter safety I awake, unfriended;
And while the dawn begins with slashing rain
I think of the Battalion in the mud.
'When are you going back to them again?'
'Are they not still your brothers through our blood?'

For the reader, this poignant poem may bring about an epiphany or what Bachelard (1964) called a phenomenological reverberation. The positioning of the words may evoke images that can inform and form us and thus leave an effect on us (van Manen, 1997a). When this happens, language touches us in the soul (Gadamer, 1996). Dallaire (2003) writes:

> Much later back in Canada, road workers had cut a lot of trees down on either side of the road, and piled the branches up to be picked up later. Without being able to stop myself, I began to describe to my wife in great detail, a trip I had to make to the Rwandese Patriotic Front (RPF) zone, where the route had taken me through the middle of the village. Sides of the road were littered with piles upon piles of Rwandan bodies drying in the sun, white bones jutting out. I was so sorry that my wife and children had no choice but to listen to me. I sat for more than two hours reliving the events re-awakened in my mind. (p.430)

In this passage, one can see that unlike scientific or historical time, the future retrospectively defines what will be seen as significant in the past, not vice versa. While back in Canada, the piled branches along the road retrospectively defined for Dallaire what past events in Rwanda would be significant for him.

Dallaire (2003) anecdotal descriptive account brings the reader closer to the experience of contemporary peacekeeping. Literary sources can involve us in a personal way, turn us back to life as lived, evoke the quality of vividness in detailing unique and particular aspects of a life and yet, literary sources can transcend the particularity of their plot, etc. which also makes them subject to thematic analysis and criticism. The literary resources discussed bring the reader closer to the experience of trauma and healing from the trauma of war and peacekeeping.

I would like to add one more dimension of literary sources that assist a hermeneutic phenomenological study. That is, that the literary content can challenge our current ways of thinking and provide us with insights into experience that we have not before acknowledged or even recognized. For example, Barker (1991) at the beginning of the Regeneration Trilogy cites Dr. Rivers's thoughts as he considers a patient called Burns. Dr Rivers questions whether making patients relive trauma as a way to help them move beyond it, actually causes more suffering in the person. The patient is Burns.

> Burns was thrown into the air by the explosion of a shell and had landed, head-first, on a German Corpse, whose gas-filled belly had ruptured on impact. Before Burns lost consciousness, he's had time to realize that what filled his nose and mouth was decomposing human flesh. Now, when ever he tried to eat, that taste and smell recurred. Nightly he relived the experience and from every nightmare he awoke vomiting…on his knees, as Rivers had often seen him, retching up the last ounce of bile, hardly looking now (emaciated) like a human being at all. (p. 19)

Rivers is plagued with a question that he would have researched if he had been back at Cambridge, but here in this overcrowded hospital with overworked staff, to pursue this question is not possible. The question he asked is because the "sheer extremity of his suffering set him apart from the rest" (p. 19), should he be asking him to talk about the experience as a way to healing. I am reminded of van Manen's question, "do we make them sick to make them well?" This became a significant question in this study and traveled with me as on the one hand it is extremely significant in the light of Burns and others' suffering yet on the other hand is a common treatment pathway with individuals post trauma.

In conclusion, the intent of the previous discussion was to familiarize the reader with the current body of knowledge on trauma, healing from trauma and contemporary peacekeepers as well as literary sources. Key informants such as Mackenzie (as cited in Off, 2001) and Dallaire (2003) have stressed that it is very important to understand that every deployment is unique and that the context of the military experience has to be considered. Whether the mission is for peacekeeping, peacemaking, peace building or peace enforcement will definitely affect both the impact and healing from the experience. The available literature revealed very little about the uniqueness of the deployments, how peacekeepers heal from trauma and how the specific type of trauma may influence healing. In addition, the literature on the lasting impact of trauma focuses on symptomatology and possible therapeutic interventions (Briere, 1992a; Gil, 1988b; Kritsberg; 1993) but not on the experience of healing from trauma. War and other forms of violence have taken away relational reliance and community ties; therefore interpretative (hermeneutic) phenomenological inquiry is needed to comprehend the experience of healing from trauma in its complexity (Gorman, 2001).

Throughout this study, I found it necessary to provide a philosophical interpretive description of contemporary peacekeepers healing from trauma as a way to explore all possible aspects of the experience of trauma. I kept reading and discussing philosophical sources to understand them better as I moved along in the study. The purpose of this study was to emphasize the experience of healing and to focus less on the disabling nature of the trauma.

My research topic of interest: *What is the experience of contemporary peacekeepers healing from trauma?* required an interpretative (hermeneutic) phenomenological methodology in order to appreciate the meaning of their distinctive ways of healing from trauma.

# CHAPTER THREE: METHODOLOGY

Methodology is a philosophical framework, based on fundamental assumptions and a general orientation to life that guides inquiry (van Manen, 1997b). In congruence with the question, *what is the experience of contemporary peacekeepers healing from trauma?* I proposed an interpretive (hermeneutic) phenomenological framework for the methodological foundation to construct this research study. This section begins with a brief discussion of why hermeneutic phenomenology was an appropriate approach for this research study. Thereafter, an overview of phenomenological inquiry is provided, with particular attention directed to embodiment derived from phenomenological accounts of experiential research. A final methods section is included to address data collection, data analysis as a thematic process ascribed to text, criteria for evaluating an interpretive inquiry, and ethical considerations for the overall research study.

In the closing section of this chapter, I discuss the significance of this type of study and how the methodology as the study evolved became more of an interpretive inquiry that included biography, narrative stories, and phenomenological dimensions and discussions.

## Hermeneutic Phenomenology as the Appropriate Methodology

The aforementioned research focuses on peacekeepers and trauma measured via structured clinical interviews on positive and negative impact, symptom checklists, PTSD risk factors and outcomes on the prevalence of psychiatric disorders such as depression and PTSD. I was curious to understand the experience of healing from trauma in an in-depth, contextual and experiential way which is often incongruent with scientific measurements that reduce healing from trauma to variables and behaviors.

Hermeneutic phenomenology seeks to contribute in-depth knowledge about the phenomena under investigation, offering enhanced understanding into our everyday practices. The knowledge gained from this interpretive tradition comes from the "vivid picture of the lived experience, complete with richness of detail and context that shapes the experience" (Sorrell & Redmond, 1995, p.1120). As I required a research tradition conducive to understanding the in-depth nature of the experience of peacekeepers healing from trauma, and phenomenology provides living knowledge for experiential research (Benner, Janson-Bjerklie, Ferketich, & Becker, 1994; van Manen, 1998a; Merleau-Ponty, 1962), hermeneutic phenomenology became the necessary choice as the appropriate methodology for this research study.

## Overview of Hermeneutic Phenomenological Inquiry

Although the origins of phenomenological inquiry can be traced back to the philosophy of Husserl (1970) and the study of consciousness, the phenomenological tradition has been hermeneutically shaped by the foundational writings of philosophers such as Heidegger (1962), Gadamer (1989) and Merleau-Ponty (1962). Hermeneutic phenomenological inquiry attempts to mediate in a personal, explicit way a certain irrevocable tension between what is unique and what is shared, between particularity and universality, and between the reflective and the pre reflective spheres of the life-world (van Manen, 1997b).

Heidegger (1962), Gadamer (1989), and Merleau- Ponty (1962) took the "hermeneutic" position that we are in the world as it is in us. It is a world that we live and, as we live it, it is a world that we are. Within the phenomenological movement, the life-world has been given different meanings. I have chosen to use "being-to-the-world" of Merleau-Ponty (1962). The philosophy of Merleau- Ponty (1962) constitutes the life and world as a unity-although ambivalent and ambiguous- whole, forming and informed by subject and object, nature and culture, individual fellow human beings, sensation, and cognition. Therefore, to know the world is to be in the world in a certain way and to research, to question, and to theorize is the intentional act of attaching ourselves to the world, to become fully part of it, or better to become the world (van Manen,1998a). Such a research tradition demands of us immediacy, a sense of meaning within our encounters, and a uniqueness in how we view the life- world (Dahlberg & Drew, 1997).We cannot hope to capture this uniqueness by remaining detached, uninvolved or disinterested (Pascoe, 1996).

## Embodiment and Hermeneutic Phenomenological Research

Merleau-Ponty (1962) reveals that a research tradition capable of eliciting knowledge for the body is a tradition available for research that is capable of reconceptualising the body outside dualism. For Merleau-Ponty (1962), the body becomes the vehicle by which human beings engage in the world. Embodiment also means being situated within the world, and being affected by social, cultural, political, and historic forces (Wilde, 1999).

The "intentional arc" is a central concept in Merleau-Ponty's philosophy of embodiment which connects these existential life- world themes that help us to make sense of life in time and space- past, present, and future (Wilde, 1999). These four existential life world themes probably pervade the life worlds of all human beings, regardless of their social, historical, or cultural situatedness (van Manen, 1998a).

Thus, interpretive phenomenology is committed to an inter-subjective understanding of the body: historically situated, and relational, and defined by Merleau-Ponty (1962) as a "being-to-the-world". Such a term suggests human knowledge is relational, temporal, and present in the world, as opposed to being objective, static, and independent of the questioner. By viewing the human subject as embodied and the body as a body-subject, suffering and healing from trauma is understood as a composite and complex whole that is experienced in the world in a concrete way.

In summary, the purpose of this study was to develop an in-depth understanding of the experience of contemporary peacekeepers healing from trauma. This research question guided the undertaking of this study: *What is the experience of contemporary peacekeepers healing from trauma?* I was curious to understand the unique experience of contemporary peacekeepers healing from trauma as a result of their deployments to Somalia, Rwanda and the former Yugoslavia. The question, *what is the experience of contemporary peacekeepers healing from trauma?* is a multi-layered question. Two related inherent aspects of the question are: *What is the experience of contemporary peacekeeping and how does it lead to trauma? Are contemporary ways of treatment helping peacekeepers to heal?* Healing is the term which frequently appears in the literature on trauma and whose synonyms include recovery, improvement, transformation, and revival. My hope was that these questions were broad enough so that all possible aspects of the experience were explored without giving any particular emphasis to any one particular aspect.

A philosophical inquiry of an interpretive and phenomenological nature as articulated by Merleau-Ponty (1962) and van Manen (1998a) was the methodological framework used to guide this study. The phenomenological philosophy of Merleau-Ponty (1962) defines embodiment as how we live in and experience the world through our bodies: embodied time, space/motility, sexuality, and speech. Van Manen (1997b) discusses the four philosophical life existentials, lived body (corporeality), lived space (spatiality), lived human relation (relationality or communality) and lived time (temporality) as the fundamental lifeworld themes. These became guides for reflection in the research process. Every human situation includes these four life existentials (van Manen, 1998a). As an interpretive phenomenological methodology focuses on understanding about perceptions of and attitudes toward everyday lived experience, the importance of shared social meanings, and the value of embodied experience (Heidegger, 1962; Merleau Ponty, 1964), such a framework was appropriate for this study as it focused on the experience of contemporary peacekeepers healing from trauma. As Dreyfus (1994) explains, the goals of interpretive phenomenology are to enter another's world to discover the practical wisdom, possibilities, and embodied understandings found there. Moreover, such a methodology is justified when attempting to elicit the meaning of a phenomenon from the participants themselves (Morse & Field, 1995).

## Methods

It has been said that the method of phenomenology and hermeneutics is that there is no method (Gadamer, 1989; Rorty, 1979). However, van Manen (1997b, p.30) offers six interactive approaches for hermeneutic phenomenological inquiry and analysis of the data: Orienting oneself to the phenomenon of interest and explicating assumptions and pre- understandings; investigating experiences as lived through conversational interviews rather than as we conceptualize it; reflecting upon and conducting thematic analysis which characterize the phenomenon and interpreting through conversations; describing the phenomenon through the art of writing and re-writing (re-thinking, re-flecting, re-cognizing) which aims at creating depthful writing; maintaining a strong and oriented relation to the fundamental question about the phenomenon; and balancing the research context by considering parts and wholes. These six practical interactive approaches were signposts along the way in my phenomenological journey towards understanding the experience of contemporary peacekeepers healing from trauma. Van Manen (1997b) is quick to state that although a set of procedures may help a researcher; the "critical moments are ultimately elusive to systematic explication but depend more on the interpretive sensitivity, inventiveness thoughtfulness, scholarly tact and writing talent of the human science researcher" (p.34).

### *Data Sources: Collecting the Data*

For the purpose of this study, data included conversational interviews, that is, tapes and transcriptions, field notes, and reflective journaling conducted through out the research study, as well as material explicit of the phenomenon gleaned from historical, literary, and artistic sources such as poetry and the visual arts to further elicit understanding of healing from trauma.

Throughout the study, contemporary peacekeeper participants were selected on the basis of the following: 1) Participants had been deployed to Somalia, Rwanda or the former Yugoslavia. These deployments were chosen because they are reflective of the changing landscape experienced by contemporary peacekeepers. All of these deployments represent intrastate conflict (civil wars) which have erupted since the collapse of the Berlin Wall. 2) Participants had received treatment a minimum of two years for psychological trauma following their deployments. 3) Participants were in recovery from trauma a minimum of two years. It was important to interview peacekeepers who had received treatment for two years and who were in recovery a minimum of two years in order to explore their experience of healing from trauma. In my clinical experience, a minimum of two years is necessary in order for any healing to occur from the trauma of peacekeeping. 4) Participants were able to speak and read the English language at a Grade 8 level. 5) Participants had the reflective capacity to recall their experiences of healing from trauma, and a willingness to share these experiences with the researcher.

Exclusion criteria included: Under 18 years of age, cognitively impaired, residing in institutions (e.g. prison, extended care facility), students, employees of the researcher's organization, in emergency or life-threatening situations, language barriers (e.g. illiterate, not English-speaking, dysphasic) and living outside of South Western Ontario. In addition, the researcher did not interview any peacekeepers that I had worked with as a therapist.

For the purpose of this study, 6 to 9 participants were invited from the three deployments to participate in this study. Each deployment was represented in order to understand how contemporary peacekeepers heal from the trauma of these unique experiences and how the specific type of trauma may influence healing. In keeping with the tenets of phenomenological research, the researcher conversed with the contemporary peacekeeper participants from each of the three deployments in a time and place of their preference.

## The Peacekeepers

The ten participants included six soldiers (Luke, Simon, Peter, James, John and Tim), two chaplains (Thomas and Matt), one medical assistant (Paul) and one female nurse (Mary). Their names were changed to pseudonyms for the purpose of anonymity. Five of the participants (Luke, James, Matt, Paul and Mary) have been released from the Canadian Forces (CF) and Peter is awaiting his release. Two (Simon and Thomas) are still serving in the (CF) and two (John and Tim) are trying to prevent their release from the (CF).

### *Luke*

Luke is a 44 year old married man currently in an amicable separation, with two children. He grew up in a small South Western Ontario town and attended school with a friend in the cadet movement. Once Luke joined the cadets it became a life long thing for him and his friend. They were attracted to the type of life style and military mind set. It was a natural progression for both of them to join the reserves. Luke was a young carpenter's apprentice and stayed with the local reserve unit for a little over 10 years. He became a licensed carpenter by trade and then, he decided to sell his business in order to join the regular force. In 1987, he joined the regular forces in the armored corps of the Royal Canadian Regiment (RCR). Luke was posted to Petawawa and was part of the reconnaissance squadron attached to an infantry battle group, third battalion of the RCR. While preparing to go to Bosnia, he was involved in a road accident on the base in Petawawa in a six wheel Cougar, which is an armored vehicle with a turret on the top. Luke sustained physical injuries such as whiplash and blinding headaches. Despite his injuries, in 1998, he served overseas in Bosnia as a troop sergeant. While overseas, Luke was involved in a similar road accident. He related the story of the accident to the sergeant major, the squadron commander and the doctor. Luke knew that his deployment was finished. He told them that it was probably better for all parties that he go back home and shortly after, he was repatriated back to Canada.

Luke taught on a gunnery course, on the cougar platform in the classroom called the indoor miniature range, as the regimental gunnery sergeant. He wasn't physically getting any better and was offered a medical release. Luke thought about it and accepted the medical discharge. He spent 13 years in the regular army and had a 23 year military career. In 1999, Luke was released from the military. Ten days after he was officially released from the forces, Luke was hired as the Chief Building Official in a civilian building department in southern Ontario. After two years, he went on short term disability and presently he is on long term disability. Luke sees a nurse therapist on a regular basis for PTSD.

### *James*

James is a 40 year old divorced male, with one daughter, who spent 20 years in the military. He is third generation military, serving in the same regiment, same unit and the same trade. James joined the military because he thought it was his destiny. As soon as he finished high school he went into the military at age 17. He was posted to Alberta, with the Strathconas, for three years. Then he went to the training base in New Brunswick for a year, to Germany for another five years, and then to Calgary again.

In 1994, he was deployed to Bosnia for six months. On his return, he spent about a year and a half back in Edmonton, and then Medicine Hat, South Field for four years. In 2000, he was posted back to the unit in Edmonton and worked in a Warrant Officer's position as a Master Corporal for about six months. James met with a major trigger that caused him to go on sick leave for three years. In 2004, he was sent to his last posting at a base in Ontario. Six months later in January 2005, he was officially released from the military. James sees a psychologist and a psychiatrist on a regular basis for depression and PTSD.

### *Matt*

Matt is a 43-year-old single male from a small South Western Ontario town with eight years of post-secondary education. He obtained a bachelor's degree in philosophy and history and a master's degree in divinity. He joined the reserve army at 16 years of age because he didn't want to work at the Ford plant. The military looked like a place where he could earn a couple of bucks, and go someplace. He had thought about being a priest as he had two very good role model priests in his home town. Matt was accepted to the Royal Military College. While he was attending a seminary at a university, the military employed Matt as a student chaplain.

After eight years of study, he was ordained and spent a few years as a civilian priest. Four years later, Matt was sent to the regular forces. Matt was posted to Petawawa, and spent about a year and a half there. In 1993, he was deployed to Somalia for a six month tour. In 1994, six months from his return from Somalia he was standing in Yugoslavia. After six months, he returned to Canada. In 1999, after 21 years of military service, Matt was released from the military. He sees a psychiatrist on a regular basis for PTSD and attends an Operational Stress Injury Social Support (OSISS) group.

### *Paul*

Paul is a 40 year old married man with three children. He grew up in Montreal as a single child. In 1989, he joined the army because his parents sent him for the good security and good pay. Paul was a medical assistant for 12 years. Paul was deployed in 1993-94 to the former Yugoslavia which is now Croatia, as a medical assistant. His job over there, for six months, was to take care of a section of 30 soldiers, spread out in three different houses, and the houses were located close to the front line. They were bombed, shelled, and shot at every day for three months. Afterwards it settled down, but because they were on the line it was constant stress with shooting and shelling. The doctor was an hour and a half away, and the closest medic who was 30-40 minutes away.

Paul returned to Canada in April of 1994, and in June he was posted to Ottawa. He worked at the National Defense Medical Centre, which was the main hospital for the forces. As a medic in the hospital, he changed diapers and pumped feeding tubes. It was a big contrast from overseas where he had narcotics and some morphine in his pocket to working where he was not allowed to even give out Tylenol or talk about psychology to a client. In 2000, he was on the Disaster Assistance Response Team (DART) to go to Pakistan because of the big mud floods. Paul was unable to go because of his knees and back problems. He was released from the military in 2001 not for his PTSD but for his knees and back problems. Paul 'came out of the closet' with his diagnosis of PTSD in 2004. He waited ten years. After his release, he did a computer programmer course and then, lived on his pension for awhile. Presently, Paul works part time in his own life style coaching business. He sees a psychologist on a regular basis for depression and PTSD.

### *Mary*

Mary is a 40 year old divorced woman who was born on Vancouver Island. She spent most of her life moving around because her father was a pilot in the military. After graduating high school, Mary attended a university in Ontario for a year. After one year, she left and worked overseas on one of the bases in the orderly room for two summers. Mary enrolled in nursing at a community college and then found a job at the Grenfell

Mission in St. Anthony, Newfoundland for two years. She returned to Ontario and took an adult intensive care unit (ICU) nursing program at a university. Mary was trying to get into the military for pilot training while she was doing the ICU course but didn't meet the criteria. Instead, they offered her enlistment as a nurse. She accepted and in early January of 1981 she went to basic training in Chilliwak for 13 weeks. Her first posting was to Halifax for two years and then to Vancouver Island and then, Ottawa for a year for the operating room (OR) course. She was posted to Halifax and worked in the OR there for 3 years and then posted to Edmonton. Mary decided to marry the fellow she had dated on and off for 4 ½ years, who lived in Nova Scotia. She left the military and spent 2 years working on her Bachelor of Business Administration at a nearby university. She was separated and divorced during that period. Mary went back to the military and was posted to Halifax, to the OR and attended university part time.

Mary served in Bosnia in 1993-1994 while there was a full fledged civil war being waged. The mandate was to provide escort for humanitarian aid convoys and to assist in brokering the peace process. As a nurse, she was not directly involved in those activities, but rather filled a support role – primarily the care of the sick and injured. There were about 9 surgeries on her tour; a couple guys were hit by sniper fire and 2 guys died. Mary was in charge of the Operating Room (OR) the first 3 months of the tour, and then the OR, the Ward and the ICU for a month, and then just the Ward and ICU. It was stressful for Mary because she had not been near an ICU in 13 years, or a Ward for many years. She had a particular difficult case in the Unit near the end of the tour that "pretty much finished" her. In addition, while on her tour, she was assaulted by somebody who she had cared about which really affected her trust.

In May 1994, she returned to Canada and was put on sick leave for about six months, before they put her on the medical list. She was shuttled back and forth between Ottawa and Halifax. Eventually, she was admitted to a psychiatric ward in an Ottawa hospital and attended a PTSD pilot program. Mary applied for the pension and was released from the military in 1996. This past year Mary went through the nursing refresher course and then, made the decision not to return to nursing. She started making jewelry and finger labyrinths. Mary is thinking about becoming a manicurist as well as establishing a nursing foot care business. She sees a psychiatrist on a regular basis for PTSD.

### *Peter*

Peter is a 42 year old married soldier who, I noticed, looked much older than that, as I sat talking with him for many hours in his home. He has grown children. Peter was born and raised in central Ontario. In 1985, Peter joined the military at 22 years of age because he was fairly young, needed a job and had a young family to support. He started his career on the combat side as a field engineer and did all of his training in Chilliwak. Peter was an older recruit. He had finished some college and was a new breed of soldier with a higher level of education. His first posting was Canadian Forces Base (CFB) Petawawa with a two combat engineer regiment and a lot of field time.

Peter's first tour was in 1989 to Cyprus. Upon his return, he spent about 4 years in Petawawa and was posted to a four command engineer regiment in Germany. In Germany, he took courses to become a search and rescue diver. In 1992, Peter went on his second tour on the initial rotation to Croatia under the UN Canadian commander, General McKenzie. In 1996, he served in Bosnia under NATO and was deployed to Kosovo from 1999 to 2000 under a joint NATO UN deployment. In 2000, he came back to Canada and was stationed in Petawawa and in Ottawa. Currently, he has been transferred to Eastern Ontario while he awaits his release from the military. Peter sees a psychologist on a regular basis for PTSD and attends an OSISS group.

### *Simon*

Simon is a 40 year old married French Canadian soldier with two teenagers. He had a normal childhood, good parents, and "didn't get beaten up as a kid." Simon doesn't know why he joined the military. At 18 years of age, he joined the CF as an officer, went to a university in Ontario and became a communications specialist. He has served in the military for 22 years.

In 1994, Simon did one full tour in Rwanda which was 10 months long. He became addicted to the adrenalin and was shipped off to Lebanon, Cambodia, the Persian Gulf twice and Kuwait. All these deployments occurred from 1994 to 1998. In 1998, he returned to Canada and worked for the Department of National Defense (DND). Currently, he is still serving in the CF. He sees a psychiatrist on a regular basis for PTSD.

### *Thomas*

Thomas is a 46 year old married chaplain with three children and almost 30 years of military service. He joined the primary reserve at 16 years of age for two reasons. First, there is a history of military service on both his mother and father's side of the family and second, his father told him it was time to get a job. However, once he started serving he looked at it more as an obligation and duty of service to the Queen. He started off with the militia which is a land force reserve unit. Thomas spent about 2 years there applying for officer training. He failed the leadership performance objective and re-enrolled in the regular force as a radio technician. Thomas spent 10 years as a radio technician and obtained a Bachelor of Arts in Psychology and Sociology. He was posted in Kingston and enrolled in a chaplain training program for his Masters in Divinity. Thomas spent two years on leave without pay at a civilian parish, and then returned to full time service as a chaplain.

Thomas has been posted to Petawawa, Calgary, Kingston, Halifax and Edmonton, where he was with a light infantry battalion. He was deployed to Haiti in 1995/96 over the Christmas period as a chaplain. He spent 6 weeks in Bosnia as a chaplain. Thomas was also involved in the Winnipeg flood and the ice storm in Montreal as well as a number of other minor operations.

Thomas was almost released from the military while he was trying to get better. Instead, he took six months off and is back to work handling administrative duties. He is slowing working his way back to pastoral duties. Thomas sees a psychiatrist on a regular basis for depression, anxiety and PTSD and attends an OSISS group on base.

### *John*

John is a 40 year old married Francophone man who was born in New Brunswick. He went to school and grew up in various parts of Moncton. John is the oldest of six children. When he was 8 years old his family moved to the United States and then returned to an Anglo part of the province. John is fluent in both French and English. He had an extraordinarily good childhood; was heavily involved in sports and in his family.

One of his school mates joined the military in Grade 12 and spoke about how much fun it was to be a sailor. John's father lost his job so his plans to go to university were diminished. So, he went to the recruiting office with another friend and joined the military at 17 years of age. He selected communications as his trade.

His first posting was in Alberta and he departed on his 18th birthday. In 1988, he joined the navy and was posted to Kingston. He was deployed to the Gulf War in 1991 for six months. Then he was deployed to the former Yugoslavia in 1992 for almost a year. In 1994, John was deployed to Rwanda for six months. He returned to Canada and was posted to Kingston. In 1999, he sought treatment and took a year off of work. John has not officially 'come out of the closet' (i.e. disclosing that he has PTSD) because he doesn't want to be 'red flagged' and face release from the military. He has seen a psychologist and a psychiatrist for PTSD and attends an OSISS group.

### *Tim*

Tim is a 37 year old married soldier with five children in a blended family. At age 18, he joined the military because that's what he always wanted to do. His grandfather was a pilot in World War II who instilled in him and his brother the idea of serving your country as "the patriotic thing to do". Tim believed that everybody should serve their country. In 1987, he picked the infantry and was based in Cornwallis for basic training and then posted to Gage town, New Brunswick. Tim went on a jump course, a parachuting course and then, he was posted to the Airborne Regiment. He loved the Airborne because it was intensive training as well as challenging. In 1992, Tim was deployed to Somalia on his first tour for five and a half months. He came back to Canada in 1993.

In 1994, Tim was deployed to Rwanda as part of the UN defense and security force for General Dallaire. In 1995, he came back to Canada for four years. In 1999, he was deployed to the former Yugoslavia under the North Atlantic Treaty Organization (NATO) for a seven month tour. In 2000, he was deployed to Ethiopia for six months. Tim is still serving in the CF on a base in Ontario. However, he has filed a grievance regarding his yearly performance as he feels the military is trying to write him off for things that stem from an incident that occurred a few years ago. He sees a psychologist on a regular basis for PTSD.

## The Conversations

Data was collected via one conversational interview lasting between 1 ½ to 3 hours in duration with ten contemporary peacekeepers who had been deployed to Somalia, Rwanda, or the former Yugoslavia. The lived experience accounts for this study were collected in a variety of settings chosen by the participants including an office in the Veterans Affairs Canada Department in Ottawa, at a seminary in Southwestern Ontario, a base in Ontario, a peacekeeper's home and a restaurant in downtown Toronto.

It was the intent of the interviewer to provide an opportunity for "collaborative hermeneutic conversations" (van Manen, 1997b, p. 99) between the researcher and participants for the purpose of obtaining an understanding of the experience of healing from trauma. The number and duration of interviews were fluid, since "the art of the researcher in the hermeneutic interview is to keep the question (the meaning of the phenomenon) open, to keep himself or herself and the interviewee oriented to the substance of the thing being questioned"( van Manen,1997, p.98). The conversational interviews were free flowing with the three research questions posed and repeated as needed throughout the duration of my time with each of the participants. All conversational interviews were audio taped and transcribed verbatim for data analysis. Literary, artistic, and historical sources as they were uncovered throughout the research inquiry provided further sources of data for the research study.

There was a tension between myself as a nurse-therapist and as a nurse – researcher. I needed to be sensitive to the aforementioned assumptions and biases about trauma that I had experienced in my practice as a nurse-therapist in order to not cover up or conceal the experience of healing from trauma described to me by the participants in my role as a nurse-researcher. A reflective journal was maintained throughout the research study to describe my thoughts, feelings, and beliefs associated with each interview experience. The reflective journal reinforced rigor within the study, insofar as I was made aware of my personal biases and unique perspective that I brought to the research project.

## Analyzing the Data

As phenomenological inquiry is interpretive, data analysis within this tradition requires that researchers dwell with or become immersed in the data in order to acquaint oneself with the uniqueness of each participant's story while facilitating a unique interpretation of the phenomenon under investigation (Streubert & Carpenter, 1999). Data analysis requires careful listening to verbal description, followed by a reading and re-

reading of transcribed text. Throughout the research study, the researcher returned to the transcribed text with new questions and new insights to further explore the depth of analysis inherent in phenomenological inquiry.

As suggested by van Manen (1998a) the use of temporal, spatial, relational, and bodily existentials to guide the analysis yielded a richly textured understanding of the embodied nature of healing from trauma. Text was analyzed in a reflective and questioning manner, yielding a process of thematic analysis in which themes emerged from within the text. Thematic analysis refers to the "process of recovering the theme or themes that are embodied and dramatized in the evolving meanings and imagery of the work" (van Manen, 1998b, p.78). Thematic analysis aided the researcher in eliciting the themes within the interviews that reflected the embodied meanings of the experience of healing from trauma. In so doing, this research study provided both a descriptive and interpretive account of understanding the experience of contemporary peacekeepers healing from trauma.

I believe that we have a shared reality - a world, a tradition, a language in which we can experience as Gadamer (1989) has named a 'fusion of horizons.' Human beings are self interpreting and therefore, I engaged my whole self in the research process. As the researcher, I took this self-awareness, this sense of reality as a human being into the interpretive act. Meaning emerged as the text and I engaged in a dialogue, in a hermeneutic conversation through writing and rewriting.

As I went along myself as researcher and the participants' words as text were interlocked in a creation of the inquiry process. Written narratives from the transcribed interviews were reviewed by four of the available ten participants. Each participant provided a further clarification of the text and an understanding was reached between us that made the most sense of the experience. The goal of this dialogue was the intersection of the horizon of the participant and the horizon of the researcher with a view to more deeply understand their experiences. Understanding leads us to act more tactfully in similar future situations with peacekeepers (van Manen, 1997b). Phenomenological analysis begins with text, but the collection of data, analysis, and phenomenological writing coalesces into a comprehensive whole, discouraging their separation into discrete stages (Van der Zalm, 1999).

## Evaluating a phenomenological inquiry

The credibility and relevance of an interpretive phenomenological inquiry is not determined by the objective measures of reliability and validity or generalizability to the general population at large. Rather, interpretive phenomenological inquiry gains credibility by capturing the experience as it is lived and perceived by participants (Benner, 1994 et al.; van Manen, 1998a). An interpretive phenomenological study is credible when it represents an accurate account of the participants' experiences, as defined by the participants themselves. A credible study is one which elicits a phenomenological nod, insofar as we recognize the experience as our own or potentially our own (van Manen, 1998a). Scholars of such work suggest that one evaluate interpretive phenomenological work on its ability to open up questions and adhere to the philosophical traditions in which they are derived (Benner, et al., 1994; van Manen, 1998a). The credibility and authenticity of an interpretive phenomenological study is one that "keeps open the possibility and the responsibility of returning, for the very next instance might demand of us that we understand anew" (Jardine, 1992, p.57).

## Ethical Considerations

Ethical approval to conduct this inquiry was granted by the Health Review Ethics Board of the University of Alberta and the University of Western Ontario Ethics Review Board. The ethical aspects of the study as they related to the participants included informed consent, confidentiality, anonymity and ethical sensitivity- as the nature of phenomenological work is highly personal, inter-subjective, and capable of eliciting emotional responses.

### *Informed Consent*

Potential participants were invited to participate in the study via a letter of invitation (Appendix A) sent to the Coordinator of the Operational Stress Injury Social Support (OSISS) network in South Western Ontario. The Coordinator distributed the letter to potential participants in South Western Ontario. OSISS is a national peer support network for Canadian Forces members, veterans and their families. The letter of invitation included relevant information pertaining to the study and a contact number to reach the researcher if they were interested in participation. Those who expressed an interest in the study met with the researcher at a time and place of their convenience. At this time, the participants were provided with a letter of information (Appendix B). Questions or concerns regarding the study were addressed at this time and individuals were free to decline involvement in the study, if they wished. If interested in participating in the study, the consent (Appendix C) was explained and two copies were signed. Both participant and researcher kept a copy of the letter of information and the consent form. The researcher's number was given and the participants were informed that they could withdraw from the study at any time without adverse consequences.

### *Confidentiality and Anonymity*

Confidentiality protects the vulnerability of participants who have shared their lived experiences with the researcher. Participants were informed that only the researcher, research committee, and transcriptionist would have access to the raw interview data (audiotape/transcribed text). The transcriptionist was asked to sign a confidentiality agreement before she began work on the transcripts (Appendix D). The participants were made aware that all research data and information was confidential. Pseudonyms were selected by participants for the purpose of anonymity and used on all raw data, transcripts, and any other information about the study, including analysis and presentation of study results, in any form. The true identity of the participants involved in the research study was known only to the researcher. When writing or speaking about the research study, the participants' true identities were not used. All of the consent forms, audiotapes, transcripts and any other materials remained in separate, locked, and secured areas throughout the research study, accessible only to the researcher. If data obtained for the study is deemed useful for future research, further consent forms will be obtained. All consent forms, audiotapes and transcripts will be destroyed within seven years.

### *Ethical Sensitivity*

As the nature of the study relates to the experience of healing from trauma, the researcher was aware of how this experience situates a participant in a place of vulnerability. Phenomenological research is often itself a form of deep learning, which can lead to a transformation of consciousness, heightened perceptiveness, increased thoughtfulness and tact on the part of the researcher (van Manen, 1998a).

I was ethically sensitive to a person's experience at all times throughout the conversational interviews. As the researcher, my ethical commitment to the participants extended beyond the research and beyond that particular point in time (Bergum, 1991). As an experienced Clinical Nurse Specialist in the field of trauma, I was sensitive to the participant's responses and if necessary conversational interviews were to be terminated if warranted by their responses. It was not necessary to terminate any of the interviews and therefore, a plan of action with a referral to an appropriate professional support system was not needed.

Each of the participants felt that one interview was sufficient for them to tell their stories about healing from the trauma of peacekeeping. I followed up with each of the participants via the phone or e-mail to review the written narratives from the transcribed interviews. Four of the participants responded and provided further clarification and an understanding was reached that made the most sense of the experience.

## Significance

Nursing is both an art and a science and therefore, specialized knowledge for the practice of nursing must reflect the lived, contextual realities and concerns of the clients for whom nurses provide care (Lopez &Willis, 2004). Phenomenology offers nursing scholars and clinicians an approach to inquiry that has a good fit with nursing philosophy and nursing art: understanding unique individuals and their meanings and interactions with the environment and with others (Lopez &Willis, 2004). Interpretive phenomenology thus provides knowledge of the lifeworld, as it is immediately given (van Manen, 1984).

This study used a hermeneutic phenomenological approach to delve into the experience of contemporary peacekeepers healing from trauma. It is timely in today's world to take a different approach because of the changed landscape of the experience of contemporary peacekeepers healing from trauma. The significance of this research rests with the opportunity through embodied approaches such as hermeneutic phenomenology to provide a richer and deeper understanding of contemporary peacekeepers' experiences of healing from trauma.

It is my hope that the understanding generated by this research will help contribute to the development of best practice guidelines for the nursing care of contemporary peacekeepers. As well, it is my sincere wish that the findings from the study will add to the existing knowledge base of the experience of contemporary peacekeepers and those who are not only responsible for them but also, those who care for them. What follows in the next four chapters of findings are lengthy descriptive accounts in the peacekeepers words. I heard their words and how they described their experiences, how they lived through their transitions, and somehow, I felt I needed to let them speak louder than myself. Therefore, I chose to stay with their words as much as possible. As van Manen (1997b) stated, "On the one hand, phenomenology is description of the lived-through quality of lived experience, and on the other hand, description of the *meaning of the expressions* of lived experience" (p. 25). The first one is the immediate description of experience as lived and the second is a mediated description as expressed through writing and other types of symbolic forms (van Manen, 1997b) that moves toward showing clearly the meaning of a lived experience that is often hidden from view.

However, during data analysis, as I saw how they structured their conversation with me, I realized that I wanted to preserve how they revealed their experiences in their own words. I found that as my topic explored as yet uncharted experiential data concerning contemporary peacekeeping, this was necessary to capture the richness and poignancy of their experiences. Therefore, throughout the following chapters the excerpts from the peacekeepers include their biography and narrative stories of their experiences and thoughts. Wengraf (2000) writes that "biographic narrative interviews are constructed around enabling the interviewee to provide an uninterrupted narrative of their own life…this initial narrative…is their told story" (p. 141). I follow this with a mediated phenomenological description that builds towards a structured thematic analysis that takes us deeper and further into understanding their experience.

# CHAPTER FOUR: DOWN THE RABBIT HOLE – BEING IN THE WORLD OF PEACEKEEPING

*"The rabbit hole went straight on like a tunnel for some way, and then dipped suddenly down, so suddenly that Alice had not a moment to think about stopping herself before she found herself falling down what seemed to be a very deep well" (Carroll, 1865/1992, p3).*

Peacekeepers are soldiers trained for war as generations of soldiers before them were trained. War and peacekeeping are interconnected and intertwined through the experiences of these soldiers. In order to gain a deeper understanding of the experience of contemporary peacekeepers healing from trauma, it is important to first explore the experience of contemporary peacekeeping. *How does one understand the experience of trauma and healing from trauma without understanding contemporary peacekeeping? What is the experience of contemporary peacekeeping? How do we call ourselves to stand in the midst of the experience of contemporary peacekeeping?* Situatedness is important in understanding the experience of peacekeeping and peacekeepers being in the world. The relationship between man and the world is so close, says van den Berg (1987), that it is erroneous to separate them:

> Our world is not primarily a conglomeration of objects. …Our world is our home, a realization of subjectivity. If we want to understand man's existence, we must listen to the language of objects. If we are describing a subject, we must elaborate on the scene in which the subject reveals itself. (p. 39-40)

The following excerpts will help contextualize the experience of contemporary peacekeeping in their own words as much as possible in order to provide a basis from which to consider, in following chapters, the experience of suffering and healing from the trauma of peacekeeping. I will endeavor to show the scenes and the experiences of the peacekeepers prior to, during and after their deployments.

One of the peacekeepers described his forced release from the military as going "Down the Rabbit Hole" as in the book by Lewis Carroll (1865/1992) titled *Alice's Adventures in Wonderland.* "Down the Rabbit Hole,"has become a popular term for a journey of adventure to the unknown. I think the metaphor of "Down the Rabbit Hole" can also help us understand elements of the experience of contemporary peacekeeping during their deployments to Somalia, Rwanda and the former Yugoslavia and their return to Canada.

*Alice's* journey to the unknown begins on the bank of a river with her older sister, feeling very bored. Suddenly a White Rabbit with pink eyes runs close by Alice proclaiming that it is very late, and pulls a pocket watch out of its waistcoat. Alice burning with curiosity follows the rabbit and hops right down a deep rabbit hole after him, giving no thought of how she plans to get out again. Thus begins her perilous journey of adventure to the unknown. She is separated from her family and has to adapt to strange rules and behaviors while finding her way back home. Like Alice, contemporary peacekeepers have to learn complex rules, reading not only situations but also people as they make their way through their deployments and back home to their families.

Chapter Four describes the experience of contemporary peacekeeping from the perspective of the participants in my study. Falling down the rabbit hole became a way to structure the findings to show the experience of contemporary peacekeeping. It also became a way for me as researcher to understand in greater depth why these peacekeepers were traumatized and why they were in such great need of healing. The headings within this chapter are themes that I felt were strongly present within the conversations with the peacekeepers and subsequent data analysis.

### Falling Down the Rabbit Hole: Transitions in Situatedness

In the following excerpts, contemporary peacekeepers take us "Down the Rabbit Hole" and offer a glimpse into their journey to the unknown. Peacekeepers described the sudden transitions in situatedness from Canada to their deployments overseas and then back home. They also described the space that they found themselves in overseas. Tim describes his transition in situatedness from Canada to his deployment to Somalia:

> My fiancé and I are driving back from my parent's place to the base in Petawawa which is a 2 ½ hour drive in a snow storm. My family is waving and I have my stuff. Well honey, I'm leaving tomorrow. The next day we're on a plane and heading for Africa.
>
> We are deployed and hit the ground first in Mogadishu. As soon as we are off the plane and hit the ground the place is unreal. The heat hits us like a ton of bricks and we go into the tent. We are dripping wet. I think it is about an hour flight into Beledweyne. I remember flying in there and looking down at the city of Mogadishu. You could tell the utter chaos from the plane alone, just by looking at the city. It is a mess. I'm thinking, well what the heck are we going up to Beledweyne when there's nothing but disaster down there. Holy cripes where the hell are we going? We head out and we're flying into Beledweyne. Now all of a sudden we're on the ground.
>
> The ramp goes down and it's just like out of a movie. I remember watching the movie *Platoon.* The ramp goes down and there is dust flying in and that's what it is like. We're all loaded up, we climb off the back of the plane and there's nothing. It's barren. You look around, and you see two commandos. They're all scattered amongst the airfield. We are there to secure this area so they can fly in supplies and stuff, for the town, and other villages. So from there we are given our areas of responsibility and basically we start digging in. Basically that is our patrol base from that location, which is where we work out of to do patrols into the town and perimeter security of the air field. That's what we do there for approximately a month, our first month there. So our first month or month and a half, we are on the air field living out of our little holes in the ground.
>
> You could be out in the middle of nowhere and think you're out in the middle of nowhere. You think you're alone. Five minutes later there's a guy. You think there's like nobody for miles. There's a guy shows up with a camel. It's

> unbelievable. All of a sudden you hear clip clop and where the hell are you coming from? It's unreal. It's hard to explain because they're not quite a village and they're not even a town. They have small groups of huts. They're not nomadic. There are family plots or settings. They're just spotted everywhere and to even parachute into something like that un-noticed it would be impossible.

Tim's sudden transition and contrast in climate from a snow storm in Canada to the dry, hot country of Somalia in Africa, seemed like a bizarre time out of time. He left peacefulness and familiarity for chaos ~~both~~ inside himself and without. It was hard to make sense of going from snow to dust and heat into a hole in the ground. The transitions in situateness are also transitions for the body. There is a bizarreness about it that almost cut him in two; is he Tim here in Somalia or is he back in Petawawa. For Tim, landing in Somalia was unreal like the movie *Platoon.* Like *Alice*, he wonders where he is and literally finds himself living out of a hole in the ground. In contrast to the small holes in the ground, Tim finds that even though it seems to be out in the middle of nowhere from nowhere a man can appear with a camel much like the way the Cheshire cat appears to *Alice*. It takes time for Tim to adjust to the different landscapes from Canada to Somalia. So much is expected all at once of a peacekeeper to appear in a place in the middle of nowhere, with a camel coming from nowhere which shows his initial experience of dislocation and his immediate need to quickly adjust to his space. As he looks at the commandos, his knowledge of peacekeeping comes to the fore and he is able to put some logic on his placement. And yet, living out of a hole in the ground in order to secure the air field seems futile, Tim notes that in a place so open, it would be impossible to be unnoticed. The hole, rather than offering safety, opens up a whole multitude of complex worlds full of danger.

One's place or situatedness in the world is particularly important to soldiers as where they are located can mean life or death. In *All Quiet on the Western Front,* Remarque (1898/1962) describes the importance of place or lived space to the soldier. Paul the main character speaks:

> To no man does the earth mean so much as to the soldier. When he presses himself down upon her long and powerfully, when he buries his face and his limbs deep in her from the fear of death by shell-fire, then she is his only friend, his brother, his mother; he stifles his terror and his cries in her silence and security; she shelters him and gives him a new lease of ten seconds of life, receives him again and often for ever. (p. 54)

Like Paul in *All Quiet on the Western Front,* in the next excerpt Tim describes the sense of importance that the environment represents to soldiers on his deployment to Rwanda. The safety and security of lying flat on the earth offers the chance of survival; of life rather than death and is preferable to falling down a hole like *Alice* or living out of a hole like the one in Somalia.

> We have all the security around the headquarters sorted out. The trip wires and all that are sorted, put up wire, wire obstacles and fencing and sand bagging and stuff like that, have all that sorted out, have the stadium reinforced, guns set up, fortification set up. So that is secure.

In contrast to Somalia, Tim describes a sense of security in the closed space of a stadium that the military live in when deployed to Rwanda. The world of peacekeeping demands soldiers to contain their environment by closing off open spaces around them. For a soldier, whether on the front lines, living out of a hole or in a stadium, the sense of the earth as providing shelter as secure space represents safety in an unknown world out there in the middle of nowhere.

> Being shelled is the main work of the infantry soldier. Everyone has his own way of going about it. In general, it means lying down and contracting your body in as small a space as possible (Simpson, 1972, p.114).

Like *Alice's* bodily transformations, soldiers contract their bodies into the lived space as much as possible, as this represents the chance of survival in a dangerous world. The particular place that soldiers find themselves on earth affords them varying degrees of safety and shelter in the unknown worlds that they find themselves confined to during their military service.

### *In the rabbit hole: An oasis*

> Four days notice and I went to the Gulf War. You don't know if it's going to be at a full out war. Is it going to be a peace keeping mission? Cypress is a staging area for all the international forces to go there and move on afterwards. Over the air they announce that the war started, even on the plane there is a mix of tears. We end up spending a couple of days in Cypress. We end up going to Kazar. I don't know if it is an Arab country, an Afghan country, white or black or nothing. As we're leaving the airport driving towards what is supposed to be our camp; you could smell the warm air. I don't know if you've ever been down south, it's just like that and it's pretty peaceful. It just didn't appear to be a war zone to me. I end up going to the Canadian camp. You can see it's all bright, surrounded like a ship within an oasis. That's how beautiful Kazar is.

John talks about the quick transition from Canada to Cypress and then the sudden transition to the Canadian camp in Kazar during the Gulf War. "I shall have to ask them what the name of the country is, you know. Please, Ma'am, is this New Zealand or Australia"? (Carroll, 1865/1992, p. 5). Like *Alice*, John does not know what type of mission, where he is going or what kind of country or people he will encounter. "She knelt down and looked along the passage into the loveliest garden you ever saw. How she longed to get out of that dark hall, and wander about among those beds of bright flowers and those cool fountains" (Carroll, 1865/1992, p.8). In the middle of the unknown, John, much like *Alice,* finds unexpected beauty and peace which he describes as an oasis in the midst of war. As a location in space, an oasis is an isolated area of vegetation in a desert, typically surrounding a spring or similar water source. An oasis is also defined as haven or a shelter serving as a place of safety or sanctuary (Merriam-Webster's Collegiate Dictionary, 2003). The oasis as a safe place stands in juxtaposed to the war raging outside. The quick transitions to the Gulf War and finding safe places foreshadows what is to come for John on subsequent multiple deployments. After the Gulf War, John describes his sudden transition to the former Yugoslavia. In the following excerpt, he describes the rapid transitions to many different countries on multiple deployments with many different living spaces which are part of the expectation for peacekeeping soldiers.

### *What latitude or longitude I've got to?*

> It is shortly when the Balkans had started to erupt, my unit is still in Kingston at the time. The unit had always been asked to be the first one to set up international communications back home and abroad. My boss approaches me with short notice and asks me if I want to go to Bosnia. I am thinking it couldn't have been any worse than where I had already gone to. He said it would be a blue beret mission. I would get to meet my colleagues for the next six months. I never really knew where Bosnia was.
>
> Pre deployment is very limited, no cultural information, nothing. We go to the Toronto airport. We're on route to Germany to pick up our equipment. You're at the airport. There are lots of different languages being spoken. Then you see the odd blue beret and multinational forces. Where is Ploce? It is in Croatia. We're looking at the map and I see it on the map. It's a nice beach resort and it's where the Canadian support group starts off their convoys. Our role there is to provide communications for them back to Canada. Their role is actually to deliver supplies to Sarajevo and the other Canadian contingents and the theatre.
>
> Ploce is in the south, west along the coast near Mostar. We are there for a couple of weeks. We're living in a hotel, although there's no heat or electricity. We are not really actually roughing it. It is pretty good. Three months into my first task, I am asked to take over a communications position in Visoko. You can hear 50 caliber machine guns firing. I work 18 hours a day. You either pass out or you drink to take the edge off. Where I work is probably about the size of this office. Where we, the 6-7 guys rest, there are probably 20, 20x20 room with a TV. That's where you could sit and watch movies and stuff, eating whenever we go to the mess hall. It could involve walking outside. So we didn't eat that well either. It is confined space. But it feels safe.

Once again, John is rapidly thrust down the rabbit hole into another unknown land with an unknown culture. John resorts to a map much like *Alice* who wonders what

"Latitude or Longitude I've got to? (p. 5). John locates his situateness on the map realizing that he is in a beach resort town. Is Ploce another oasis amidst the world of peacekeeping? Here he finds himself living in a sea side resort hotel with his fellow peacekeepers in sharp contrast to the violent world outside. Peacekeepers find themselves living in very austere conditions from a hole in the ground to a sea side resort hotel with no heat or electricity to a small confined office in a place called Visoko. No matter where they land, peacekeepers are trained to seek out safe places in their new environment. The small confined space of the office is John's oasis where he feels safe from the world outside where machine guns are firing.

### *Jumping into the hell hole*

> I am at a meeting with a deputy chief of defense. He says there is a flight leaving Friday from Trenton, get yourself on the plane, get yourself over there and help Romeo Dallaire out. So, between Wednesday and Friday nobody takes me aside and says listen, you're about to jump into a hell hole there. Are you sure you're up to this? Nobody tells. I am totally oblivious. So I go.
>
> Now with hind sight, I remember all these moments thinking that wasn't good, that's bad, that's really bad, that's not so bad, that's worse. If only we had been educated. If only we had known a little bit. We probably would have processed the information differently, processed the experience differently, talked about it there as opposed to pretending nothing happened.
>
> It is kind of a culture shock for me to be told on a Wednesday to go to Rwanda. I leave on a Friday. I arrive there on a Sunday and within three days I'm sleeping in a refugee camp where people are dying. There's shit everywhere. I'm thinking, what the hell! So there are dead rats everywhere. I'm thinking, I'm used to austere conditions but this is pretty awful.

Simon describes his quick transition from a meeting in Canada to a refugee camp in Rwanda. His deployment to Rwanda is similar to Tim and Johns' deployments as there was little time or preparation to adjust to this unknown country and culture. Lived space is always a combination of external space and inner mental space, actuality and mental projection. In experiencing lived space, memory and dream, fear and desire, value and meaning, fuse with the actual perception (Pallasmaa, 2000). Simon's inner mental space contains memories of bad and worse moments. For Simon, the external space of going down the rabbit hole which is Rwanda is like jumping into a 'hell hole'. What is a hell hole? To Simon, it is a place he had never experienced before in his life as a peacekeeper. Like *Alice*, the dimensions and conditions of the space were to him unthinkable prior to his arrival in Rwanda. Would some preparation or education about Rwanda have helped him to perceive the experience differently? Lived space is space that is inseparably integrated with the person's concurrent life situation (Pallasmaa, 2000). An expectation of peacekeeping is living in spaces with austere conditions. However, the transition from the drastically different current life situation of Canada to the conditions of a refugee camp in Rwanda is a culture shock that is 'awful' even for a soldier.

### *Going to the hobbit house*

> There are people living at the top of this mountain in mud huts with straw thatched roofs! It looked like *Lord of the Rings*. We are going to the hobbit's house. That's exactly what it looked like. I thought oh my God, where the hell are we!
>
> This mountain road all the way up into this little village is a goat trail. No railing and there's a sheer drop. It plummets down. Transport trucks are down there that had gone over the edge. You could see them. I can't even believe they tried to get through here. I'm in the passenger seat. My view is straight down. I've pictures of when we finally got to the end of this mountain. You could see down from this bridge that we had to go across. You were like a kilometer up in the air. It's like you were in an airplane taking a picture.
>
> Getting into the camp, I realize we're going to live in this big warehouse for six months. We sleep on cots with no mattresses which are very uncomfortable. I couldn't sleep on my stomach. I wake up each morning with severe pain in my back. We live in a 4 x 6 probably 4 x 8 area of a tent. We are allowed to put up partitions. So we have some privacy. This is our spot for six months.

James speaks about the transition from his life style in Canada to the austere living conditions in the former Yugoslavia. Like *Alice*, James has to adapt to a very different environment than his own. He is dislocated by the situateness of people who live in mud huts with thatched roofs. James can only make sense of his location by equating his situateness with the hobbit's house in the movie *Lord of the Rings*. Etymologically, the word "hobbitt" is referred to as the "kuduk" which is a worn – down form of "k^ud-d^ukan" ("hole-dweller") by the folk of the Shire and Bree (Skeat, 1983, p. 284). Although the hobbit house is from a movie based on a fictional series of books, James connects himself to the very real danger of a mountain road with no railings where trucks can been seen that have fallen over the edge. His hobbit house is the small confined space in a ware house of the military camp in this unknown world. James describes how his body felt living in this small confined space. Lived space is not uniform, valueless space. These images of places are not detached pictorial images; they are experiences of embodied and lived space (Pallasmaa, 2000). Lived space is felt space. These places carry significant meanings for the peacekeepers which stay with them upon their return home. Much like *Alice*'s bodily transformations, peacekeepers have to transform themselves to fit the lived spaces of their deployments.

### ***The caucus race***

> We have about two weeks to go from peace keeping to peace making. You have an Airborne Regiment that's trained for months and months and months to do a very specific job in a specific way. Our equipment is packed and already at sea. We're ready to go. The minister announces literally, and this is a professional army, we are told by message to all meet in this room in Petawawa. A big screen TV is set up. We are learning at the same time as our government what the new orders are. They announce that Canada is sending like 820 men as part of the American coalition. That's where we learn what we are going to do.
>
> There is no recognizance. We have never been to where we are going to go. No maps, nothing. It means no blue beret stuff, no handing out candy to little kids, no peace keeping; this is peace making which is a huge difference. Literally you left Petawawa one morning, two days later you're walking this line in Bosnia or Somalia.
>
> I remember lying on the ground in Somalia hearing shots going over my head. I thought where the fuck am I? Like its December and I just left Petawawa. Now its

> 120 degrees and I'm lying on the tarmac. I had gone through all the briefings. I remember I was only six months from my return from Somalia to my standing in Yugoslavia.

Matt talks about the quick transition from a peacekeeping to a peacemaking mission in Somalia. Much like *Alice*'s bodily transformations, peacekeepers have to quickly transform themselves from a peacekeeping force to a peacemaking force in order to adapt to the political situation of their government. The *Caucus Race* in *Alice* parodies political process: the participants run around in confused circles, never accomplishing anything (Carroll, 1865/2000). If we can take Alice as a symbol for the average citizen, we see that the Race does very little to benefit her. Likewise, the political process in Canada regarding peacekeeping missions did little to benefit the soldiers as last minute plans are made by the government as to where they are going and as to what type of mission they are assigned. Consequently, Matt describes his dislocation from peacekeeper to peacemaker with no map to situate either his new role or his new location. Emerging from his situateness is the common peacekeeping expression of where am I? Peacekeepers describe constantly being on call. When the world situation changes, the government responds and the peacekeepers must be ready.

### *The rabbit hole: Sights, sounds and smells*

> Well there's preparation prior to the deployment. However, there is nothing to really prepare you for what you are going to see. It is getting the mine field drills down, because that is our primary role, de-mining and bomb disposal. There is a lot of concentrated training in those aspects.
>
> You are not really prepared or you are sort of semi-prepared for the culture. However, for the most part nothing to really prepare you for those sounds those smells and that type of situation. You are usually two vehicles out in the middle of nowhere on the frontier where all the fighting is. There are a lot of mines. There is a lot of stuff going on.

Peter describes the transition from Canada to the former Yugoslavia. For Peter, the preparation overseas is limited to their soldiering duties of mine field drills, de-mining and bomb disposal. There is limited preparation about the culture with no preparation for what they are going to see, hear or smell. Peter describes his location as being out in the middle of nowhere; where there is a sense of danger. The frontier is open and dangerous for peacekeepers. There is no small safe confined space here. We can see that these lived spaces of peacekeeping have their specific temperature and odor. We can sense the texture and echo of these places that continue to haunt the peacekeepers long after they return home.

### *Debriefing the rabbit hole: The pits*

> Pre-deployment is the "pits". Just prior to coming back to Canada, a couple of social workers come over and give us a "debriefing" of about 1 ½ hours. That is it. I fly back to Halifax.

Mary describes her pre-deployment transition from Canada to the former Yugoslavia and her transition back to Canada. In *Alice's Adventures in Wonderland, Alice* suddenly wakes up from her dream and finds herself lying on the bank with her head in the lap of her sister. Like *Alice*, Mary's transition home is quick and sudden with little time to "debrief" what she has experienced overseas. Her traumatic experiences overseas are given no more than one and a half hours for expression which in turn gives new meaning to the word "debrief" or be brief? What about the other soldiers' transition of coming home from their peacekeeping deployments?

### *Debriefing the rabbit hole: The old vets*

> You have a debriefing package handed to you on an airplane. Here's what the country is saying about you. I remember you get out, cleared customs, get on a bus, home. So I come home. One of the other officers on the camp had bought me a six pack of beer, a quart of milk and a loaf of bread, and that is in my fridge. We do it too quickly.
>
> Traditional warfare only puts soldiers in harms way once in a while. Old vets will say we were called to the front line, like particularly the World War II and Korea; we spent 2-3 weeks of action, where we knew the enemy was there and then we came back in a safe place. Now there are no safe places. Coming back means coming home to Canada. It was a global war. I talk to old vets. I like military history. You may have left Canada in 1940; you didn't get overseas, like into France until 1944 for three years. The coming home; there's great stories written about demobilization of troops. They had to go by train from Europe to England. The old boys, the troop ships home, that's where they settled all their scores. Like all the little petty arguments got solved on the ships. It was a spiritual journey, a psychological journey, an emotional journey.

Matt's transition home is much like the transition from Canada to his deployments overseas. In both cases, Matt describes these transitions as too quick occurring in days and sometimes in hours. He contrasts his going overseas and coming home with the experiences of the veterans from World War II and Korea. The old veterans' transition to the front lines in France occurred after four years of training in England. Matt emphasizes the importance of a safe place which the old veterans had overseas after serving on the front lines for two to three weeks at a time. This is in sharp contrast to the experiences of the peacekeepers that have no real sense of a safe place behind the front lines. There are no front lines as peacekeepers are always in the middle of the action while serving on their deployments overseas. For peacekeepers a safe place only really occurs upon their return to Canada. Or does it? Peacekeepers have no time to discuss their traumatic experiences with each other while journeying back home. Consequently, they carry their experiences with them even after their return to Canadian soil. For the old veterans like

*Alice* down the rabbit hole, their deployment overseas and back home is seen as a spiritual, psychological and emotional journey as they have time to work through their experiences with each other. The importance of transition from place to place for soldiers and in particular from a war zone to home has been expressed by Shay (1994):

> Soldiers in World War II spent weeks or months with their units after fighting ended and universally returned by boat. The 'long trip home' is generally credited as an opportunity for mutual support and communal reworking of combat trauma. (p.61)

The long journey home is a time of transition whereby the old veterans can begin to work through the emotional and psychological turmoil of combat trauma. In modern times, the journey home is cut short making it more difficult for peacekeepers to adjust to coming back and being back at home. We can hear Matt's longing to have this type of spiritual, psychological and emotional journey home.

### *Too radical extremes*

> We laughed at the Americans coming home from Viet Nam. They would bring 2-3 people home at a time, piece meal, and big problems. A young reservist is sent back from Bosnia where he finishes his tour. So what does he do? He is home a week. He puts a rifle in his mouth and he pulls the trigger. No one understood what he had been through. He had no one to talk to. He went from like I'm in my unit in this country at war, and now I'm in Prince Albert, Saskatchewan. It is too radical extremes.

Matt foreshadows one of the consequences of a quick transition home from the war zone of Bosnia by discussing the transition home of Viet Nam veterans who were quietly and quickly brought back from overseas two to three soldiers at a time. Big problems occurred with Viet Nam veterans which Matt does not elaborate upon. Instead he describes the suicide of a young reservist brought home too quickly with no time to discuss what he went through in the war zone of Bosnia. For one young reservist, it is an extreme radical transition from Bosnia to his post in Prince Albert, Saskatchewan.

Suicide is only one of the many consequences of the extreme radical transition from a peacekeeping deployment to a military base back in Canada. There are many suicides of fellow peacekeeping soldiers that took place both overseas and upon their return home. We will return to the discussion of suicide later on in this and other chapters.

## The Military Family

> It's made to be your family. For instance, when you join the army you join a regimental family. The commanding officer is very much seen as the father figure. Your status with the family is very keenly determined in a very closely watched hierarchal structure. The benefit of being supportive of the structure is pretty obvious. You are promoted. You get good courses. The determinant of course of not following the hierarchal structure means you're disciplined socially. So it is very much like a family. I think for the A type personalities that join, I mean they feed on the positive and the negative reinforcement, that it can give and that they can give.

Matt reveals to us that being in the world of peacekeeping requires the soldier to become part of the military family. In the beginning, the social horizon of the soldier encompasses not only his/her family and other civilian ties, but also all those military formations such as the regiment to which he/she belong. However, to become a soldier means to become a loyal family member supportive of a hierarchal structure with father figures in command and discipline based on positive rewards or negative reinforcement. The danger of these types of deployments commands this type of loyalty that resembles family loyalty. Over time loyalty to the military family deepens and ties to a soldier's family of origin lessen as shown by the following excerpts.

***The strings to your family are undone***

> When you grow up you have attachments and strings to your parents and strings to your siblings and strings to your friends at school, etc. When you get into the military those strings are all undone or detached. The military wants you to sever

> all those strings and be part of the military family. They in essence become your pseudo-family. In essence the military is your family.

Peter describes the severing of attachments and strings to his non military family of parents, siblings and friends. The military family demands a type of loyalty that requires soldiers to detach from their families and friends at home. Over time, some peacekeeping soldiers lose responsiveness to the claims of any bonds, ideals, or loyalties outside a tiny circle of immediate comrades (Shay, 1994). This detachment from family and families can cause many problems for returning peacekeepers, which will be discussed in a later chapter. Over time, a soldiers' loyalty to their military family and to each other deepens even more as shown by the following excerpt.

### *Tightening of the military family bond*

> We were pretty tight in Rwanda. On both those tours because in Rwanda in those platoons a lot of the guys that I went with in Rwanda were also the same guys that I went with in Somalia. Some of the guys were new. We all still bonded like a really tight family. The guys would do anything for each other.

Tim describes the tightening of his social horizon to a bond that resembles a really tight family that develops among peacekeeping soldiers that serve together on many deployments. Once overseas, the bond tightens to a tiny circle of immediate comrades who serve together in dangerous and unknown places as revealed in the previous excerpts on situateness. The deep bond that develops over time is described as the *Band of Brothers* by the peacekeepers themselves and throughout history in literary sources as shown in the following excerpts. To deepen our understanding of the *Band of Brothers,* we will turn now to explore how soldiers in the military family bond together like brothers and how the military family grieves the loss of brothers.

## The Centrality of Brotherhood and Grieving Loss in the Military Family

> That band of brothers kind of aspect. We're very close. You have to realize what the environment is like. It's like being incarcerated; having not committed a crime. Your whole squadron lives in a carpet factory. Inside the carpet factory we live in rows of tents. It's a very close environment that you live, eat, sleep, and breathe, army guy stuff, 24 hours a day, in a very close environment.

Being in the world of peacekeeping, involves a bonding together that Luke describes as a *Band of Brothers*. In particular, he relates the connectedness to the closely lived shared space of the environment where soldiers find themselves together around the clock on deployments overseas. Much like an incarcerated prisoner, there is a commitment to this closely lived space of contemporary peacekeeping that does not end until their time has been served. The closely lived space of peacekeeping provides varying degrees of safety as well as the felt space of closeness to each other.

The expression *Band of Brothers* has transcended time and thus, is a common term expressed throughout history by soldiers serving together. Where does the expression the *Band of Brothers* come from? Turning to the literature will bring us closer to understanding the expression the *Band of Brothers*. The expression *Band of Brothers* comes from a speech delivered by Henry V of England before the Battle of Agincourt between England and France fought on the feast of Saint Crispin in Henry V; Act IV, Scene 3, lines 57- 67, p.532 by Shakespeare (1623/1973):

> And Crispin Crispian shall ne'er go by,
>
> From this day to the ending of the world,
>
> But we in it shall be remember'd;

We few, we happy few, we band of brothers;

For he to-day that sheds his blood with me

Shall be my brother; be he ne'er so vile,

This day shall gentle his condition:

And gentlemen in England now a-bed

Shall think themselves accursed they were not here,

And hold their manhoods cheap whiles any speaks

That fought with us upon St. Crispin's day.

Confronted with the shedding of their blood, injury and death, soldiers are banded together like brothers in a way that ordinary civilians sleeping in their beds will never experience. Tim below takes us closer for a deeper understanding of the *Band of Brothers* felt by soldiers serving together in Somalia.

### *My brothers: Closer than my own brother*

> When we left Canada, we were tight on those operations. Those guys are my brothers now. We stay in touch. We're so dispersed and scattered throughout the country. When I bump into these guys, I say they're my brothers. We hug each other, go out for a beer, eat and go to my house. We're brothers, when you share experiences like that. These guys would die for me. I'd die for them. We know it's so true. I'm closer to these guys than I am my own brother because you've shared life and death with these guys.
>
> One particular day, we went out to investigate roadblocks and this brotherhood thing became so true. It really hit me. I would die for any guy in my platoon. I'd risk my life for them. My vehicle had been put in reserve over in this area. The other three vehicles came under fire. There was an immediate order to dismount and to move up as soon as these guys came under fire. We didn't think twice. You

> would think that holy shit we're going to get killed. There was none of that. The guys are getting shot at. Let's go. All I wanted to do was get out of the vehicle and get up there. I mean that feeling; our brothers could be getting killed up there. The platoon had already dispersed up. We didn't even know where the platoon was, and since we were in reserve, we were trying to push ourselves up high enough to find the platoon.
>
> We finally linked up with them and found out everybody was okay. You guys are all right. It's all I could think about; I was just looking to my left and right making sure that we're still alive. I didn't care about myself. Is everybody okay? Every soldier wants to know how he's going to react under fire. Now I know. That's a big thing for every soldier. No matter what happens, I'm not going to worry about myself. I'm worried about that guy left and right of me. I know they're going to do the same for me. Because the whole time, the guys left and right of me were making sure I was okay. That's the person you are and they don't teach that. They definitely don't teach that. Everybody, we're all back together and it's like, good work guys, good work.

Tim describes the kind of brotherhood that is experienced by soldiers that serve together. It is a *Band of Brothers* that tightens over time especially when they confront life and death together overseas. Tim describes one experience where the *Band of Brothers* comes alive and holds to be true. Once they face possible death, the soldiers band together to risk their own lives for each other. They would die for each other without hesitation. The self sacrifice of soldiers is part of their intrinsic nature that is greater than any training that their military family could ever provide. This type of bond is particular to soldiers who live closely together and face life and death situations on a daily basis. It is a bond that is closer than the bond or brotherhood between blood brothers and a bond that remains even after their return home.

In the book *All Quiet on the Western Front* by Erich Maria Remarque (1898/1962), Paul the main character has a panic attack hiding in a shell hole. He should be moving forward, but he is too fearful. Then he hears the voices of his friends moving along the trench. This restores his courage. His thoughts at that point sum up the *Band of Brothers* felt by soldiers serving together.

> At once a new warmth flows through me. These voices, these few quiet words, these footsteps in the trench behind me recall me at a bound from the terrible loneliness and fear of death by which I had been almost destroyed. They are more to me than life, these voices, they are more than motherliness and more than fear; they are the strongest, most comforting thing there is anywhere: they are the voices of my comrades. (p. 216)

Like Tim, Paul's comrades in *All Quiet on the Western Front* mean more to him at this moment than life, motherliness and fear. Their voices, words and footsteps are the most comforting because they are his comrades. Combat whether in war or on peacekeeping deployments calls forth "a passion of care among the men who fight beside each other that is comparable to the earliest and most deeply felt family relationships" (Shay, 1994, p.39). This type of brotherhood propels the soldier forward into possible death. Further moments of peacekeeping are explored to deepen our understanding of the *Band of Brothers.*

### ***That was a pretty glorious moment***

> On another convoy, this is an ironic one, but one of our flatbed trucks broke down. I was on top of the trailer helping guys that trained. There was a British soldier who said to me in his British accent, do I know you? I don't think so. He said I know you. We met in Ottawa. It was an actual fact. I had met this guy two years ago. We were here together. That was a pretty glorious moment. We were just shooting the shit. Then we heard pa-ting. I said what the hell was that? There was another ping, ting, and ting. It was a sniper shooting at him and me. We jumped about 20 feet to the ground and huddled up in the corner. The British soldiers went out and actually counter attacked his point. So here we were lying on the ground and almost ignoring the fact that somebody just tried to kill us, laughing about what was going on.
>
> I remember this Spanish UN tank came to our rescue. This big bearded Spaniard reaches down and gives me his hand. Are you okay? In this big deep voice, he goes don't worry about it; we'll take care of you from here on.

> My friend and I had gone all through this together; a bond like brothers. We got to the airport and that was the last time I saw him. He just disappeared off the face of the earth. I often wonder how he's doing.

John describes three separate incidences of the kind of bond that develops between soldiers deployed overseas. In the first two incidences, there is the recognition of each other as fellow soldiers that transcends their countries of origins even when situated together in dangerous conditions. How bizarre that they laugh together in the face of possible death. This seems incongruent to us, yet not to fellow soldiers. These soldiers from different places in the world bond together and risk their lives for one another. Ironically, despite the bond like brothers, many do not meet each other often and once their service is over many never see each other again. However, there is a continuation of the bond among soldiers as they wonder often how their brothers are doing long after their military service is over.

In *All Quiet on the Western Front,* Remarque (1898/1962) portrays the intense bonds of loyalty and friendship that spring up among the living soldiers, as a result of the shared experience of war. According to Remarque (1898/1962), these feelings towards each other are virtually the only emotions that preserve the soldiers' fundamental humanity.

> We are soldiers. It is a great brotherhood, which adds something of the good-fellowship of the folk-song, of the feeling of solidarity of convicts, and of the desperate loyalty to one another of men condemned to death, to a condition of life arising out of the midst of danger, out of the tension and forlornness of death. (p.191)

The Band of Brothers emerges from a life that is lived together under the constant tension and possibility of death created by war and peacekeeping conflicts. Combat and peacekeeping deployments bond men together in a passion of care that the word brother only partly captures (Shay, 1994). It is a bond that transcends time across the generations of soldiers. The following excerpt will deepen our understanding of the Band of Brothers that transcends time across the generations of soldiers.

### *It is all so connected, the old Vets, the old War and the more recent ones*

> I'm going to stand in the ranks with the other vets. Well they're older than you. It doesn't matter. You know that line, age will not weary them. So I said no. I'm going to stand with the other veterans. They had their service at like 11:30 because they wanted to watch the one on TV from Ottawa. The woman on TV is a silver cross mother that I had anointed her son when he was dying. I've never seen his mother before. I thought oh my God, that's what she looks like. She could be my mother. I found at the time I just thought, this is so odd. I don't know why it struck me at that moment. I went down to the cenotaph and did our thing. I just thought it's all so connected. It is. At that moment that I saw her, like it is all so connected, the old vets, the old war and the more recent ones. It's all interwoven and all just as stupid.

Matt describes Remembrance Day in his small village back in Canada. As a priest, Matt is asked to perform the service at the village cenotaph. Instead, Matt decides to stand with the older veterans from the past wars. The *Band of Brothers* is a connectedness to each other that transcends from one generation to another generation of soldiers and from war to peacekeeping deployments. On TV, Matt realizes that the silver cross mother is the mother of a soldier that he had given last rites to overseas. He wrote her a letter upon the return of her son's body. The mother sent him a lovely letter but he had never seen her. Seeing her face, reminds Matt of the bond among mothers across the generations who have lost their children to war and peacekeeping missions. She could have been any one of these mothers even his own. For Matt, the *Band of Brothers* connects the mothers, the old veterans, the old war and the more recent ones. Is their bond to each other so profound because of the experiences they have endured and have been unable to express to others? What happens when a brother soldier dies?

What is the experience of losing one of the *Band of Brothers*?

***Suicide of a brother in the military family***

> All of a sudden we heard this shot. When I got there, he was sliding off the wall. The first thing I said was holy shit, this guy's had it. I didn't know who it was. He was in civvies at the time. So we couldn't identify him. A medic on duty said to give us a hand. The other guy gave me a couple of field bandages. I started wrapping them around his head. All you heard was his body going through its reactions and stuff. I'm constantly checking the time and then trying to hold him. I still didn't recognize him. My mind was playing tricks on me because I'm actually seeing things. I recognized his Airborne tattoos, Rolex watch and his actual shirt. I didn't put it all together.
>
> His body was still. I said he put a bullet through his head. It's 5:04 in the morning. We got to make a call here. He's lying on a piece of concrete that had nothing but blood. It was probably 2 liters of blood draining out of his body. The ambulance backs up and a stretcher comes out. Half his head is gone. Somebody mentions that it is____. I said it wasn't. I went to his bed. His weapon was gone. I ran down to the med station. I just realized holy shit that was___. The watch and the tattoo and all that started to come back.
>
> I asked if I could get in the ambulance and say a few words or whatever to him. I barely recognized him. He was totally white. I guess about an hour later I called my mom. I told her that one of my best friends died. I was a basket case that day. To this day I wonder if maybe I had gone and had a couple beers with him maybe I could have prevented him from or at least maybe suspended it for a little while. We really didn't get a chance to say goodbye. When we loaded him on the plane we gave him an honor guard in that way we did.

Tim describes the traumatizing experience of the suicide of one of his brother soldiers who shoots himself on Christmas Eve during his deployment to Rwanda. His friend asks Tim to go to the bleachers have a few drinks and talk. Instead Tim decides to go for a drink with female soldiers next door.

To this day, Tim questions whether or not he could have prevented or suspended for awhile his friend's suicide if he had gone to the bleachers with him. The responsibility of looking out for each other in times of danger extends into looking out for each other at all times. The consequences of such responsibility can be a heavy burden for the soldier left standing long after the death of one of his brothers. The loss of a comrade, a brother has a profound effect on their fellow soldiers. Shay explains: "the particularity of the person, the specialness of the special comrade, who has died, comes not from objectively unique traits but from the movement of the soul that we properly call love" (1994, p.44). It is difficult for ordinary civilians to understand this type of special relationship among soldiers. The Band of Brothers bonds soldiers together as they face possible injury and death during peacekeeping deployments. Thus, the death of a brother soldier either by his/her own hands or by someone else can be as traumatizing as witnessing death by genocide, ethnic cleansing or famine. How does the military family respond to the suicide of one of their brother soldiers?

### *Suicide in the family: The military response*

> One of our fellows killed himself on his third tour. He put a grenade down his flack vest and laid on it. He had 3.5 seconds to figure out what you're going to do for the rest of your life. Anyway it was very effective. He killed himself in the front of the building. The rest of his section was on top of a building, a bunker, looking over no-mans land, over the zone. They heard the explosion. They realized something was wrong when they saw the back panel of his flack vest with his spine and rib cage in tact on the roof with them.
>
> I was asked to go give last rites and then to do grieving with the troops. The Canadian General in charge of our contingent said this guy gets no funeral like other soldiers because he lacked moral fiber. If the unit wanted to do something they could, so of course we did. As a General, he was given the meritorious service cross for his service. Then promoted and then sent back to Canada. People like that don't deserve the dignity of a salute. They don't deserve the respect of their peers. There's no integrity. There are things that people do in their life that they're not very proud of and that's part of the human condition. We have a dark side and a light side. But the man, who holds himself up saying, no, when he could have said nothing, had his own personal beliefs about why someone took their life. All he had to do was shut up for two more days and that's a Canadian. Oh yes, now this is 1994. 50 years after the end of World War II.

Matt describes the traumatizing experience of the suicide of one of his brother soldiers serving in the former Yugoslavia. The loyalty of soldiers towards their military family is not returned when one of their brothers commits suicide. Instead, the brother soldier is not given a military funeral which would have been "what's right" in the eyes of his brother soldiers. The ancient Greek word of "what's right" called thémis means moral order, convention, normative expectations, ethics, and commonly understood social values (Shay, 1994). Thémis or "what's right" captures the scope of the betrayal felt by many contemporary peacekeepers in many different situations. In this situation, there is a betrayal of the soldiers' expectation of the moral and ethical duty to provide a military funeral to honor their brother. This expectation is denied by their General who is one of the holders in the military hierarchy of responsibility and trust. To add insult to injury, the General is promoted and given an award for his service. His lack of understanding of suicide which he equates to a lack of moral fiber only enhances a sense of betrayal and subsequent anger that emerges towards him. The refusal of the military family to honor the death of brother soldiers who committed suicide and the treatment by the military family towards the Airborne Regiment and those traumatized soldiers who survived their deployments inflicted manifold injuries upon them. We will turn now to the experience of those peacekeepers who served together as brother soldiers in the Airborne Regiment to deepen our understanding of their sense of betrayal.

### *The Airborne disbanded: They ripped your family away*

> When the Airborne disbanded, that was a rough, tough time. That was a big traumatic experience. It is a family. They ripped your family away from you. A lot of guys feel that way. We had something that we worked for our whole lives and we were totally proud of and we would have died for. Every one of us would have given our lives for it. Then the government just says F you, thanks, but no thanks. I can tell you that sticks with a lot of guys. A lot of them never let go of it. It's been very difficult. I can tell you that much.

Tim describes the disbanding of the AirBorne Regiment by the government upon their return to Canada from their deployment overseas in Somalia. It was a family within a military family that was suddenly ripped away from these soldiers. The Airborne Regiment requires special training and dedication on the part of their soldiers. The disbandment of the Airborne Regiment was a difficult traumatic experience and a great loss for the members of this particular regiment of the military family. It is another type of death and betrayal or an injustice for the soldiers who served in the elite Airborne Regiment. Many of the peacekeepers have difficulty accepting and resolving this decision by the government because of their pride and willingness to die for their Regiment. In my practice, I have witnessed both the sense of pride shared by all of the soldiers trained to serve in this elite force as well as the sense of betrayal from both their military family and the government for disbanding the Airborne Regiment for the behaviour of two soldiers.

### *The Airborne is bad: That's your family*

> We came home on a jet and had a debriefing in Ottawa. It was all timed as we landed in Ottawa after that evening's paper had been published. You cleared customs in Ottawa and then got on school buses and drove to Petawawa. There was a Canadian general that met us there. He said well for the most part you did a good job; keep a low profile, kind of stay out of the lime light and this will all blow over.
>
> There could not have been a more humiliating experience. The media said the Regiment was not focused, useless, a failure, no good and bad. That's your family. It's not like you joined the army. You joined the airborne. So you had to volunteer twice and go through all this special training. And good troops, good soldiers! And then you come home and oh you're a wife beater and you kill small babies, and you kill prisoners. Yes, somebody killed a prisoner, but not everybody.
>
> Two First Nation soldiers murdered a prisoner. So does that come out? They were called white supremacist until the First Nation's community said they weren't white. They said they're First Nation supremacists. I'm not trying to blame the First Nations. We have a military justice system that worked fine in our country.

> Our military justice system pre-dates our civilian courts in Canada. And it's tried and trued and it's very swift and it's exact. And all of us know how it works. It never worked this time because it wasn't allowed to.

Matt describes his return home to Canada from Somalia as a member of the Airborne Regiment. Their return is shrouded in secrecy and shame which is reinforced by one of their leaders in the military hierarchy. Instead of taking pride in this special Regiment within the military family, the military leader reinforces the negative press about the Airborne by informing the soldiers to stay hidden. Instead of pride, we can sense Matt's humiliation and rage towards another leader in the military family who has betrayed the Regiment. Also, there is a sense of betrayal by the Canadian media. The negative portrayal by the media is especially difficult because the Airborne is his family, and in reality these are good soldiers that volunteer twice and go through special training. The harsh treatment of disbanding the Airborne Regiment for the actions of two soldiers is an injustice felt by Matt and the others soldiers who opened schools, and built bridges and roads that weren't even part of their mandate. The Americans sent their military personnel there to observe how the Regiment was so successful in providing these humanitarian efforts.

Why was this never portrayed in the media? The military justice system was never allowed to work in regards to the murder of a Somali prisoner. Why? Instead, the government set up the Somalia Inquiry.

### *The Somalia inquiry: They disbanded the Airborne*

> I spent a big chunk of my time at the Somalia inquiry that ended when they found out that it wasn't so much the unit that was to blame, but the government who didn't do things like orders and counsel and debates by parliament. All the checks and controls that parliament is supposed to make sure these things never happen

> didn't happen. Surprisingly they disbanded the airborne rather than fix the problem of the chain of command and why parliament didn't do their job.

Matt describes the Somalia Inquiry, which ended when it was realized that the chain of command and the government was to blame for not providing the checks and balances, rather than the Airborne Regiment. These processes insure that decisions made by the government and the chain of command, such as turning a peacemaking force like the elite Airborne Regiment into a peacekeeping mission, do not happen. The failure to fix both the chain of command and the government for not doing their job is not addressed. There is another betrayal of thémis or "what's right" as instead of blaming the chain of command and the government, the Airborne Regiment is made to play the scapegoat by the powers in both the military and the government hierarchy. In the following excerpt, Matt describes another situation in regards to the Airborne Regiment which only heightens his anger and sense of betrayal.

### ***Adding insult to injury***

> The Somalis were fueling it too. We're walking towards the Chateau Laurier past the National War Monument. It is crowded and packed with Somalis. They are climbing all over it with big signs and things like stop the war criminals, Canadians hate us. All the places you can protest in the world and I'm the first one to say that freedom of speech is something that I may not like what people say, but you can say it, but not on this place. It adds insult to injury. You can pick a thousand other pieces of real estate in Ottawa, but not the National War Memorial. The front lawn of parliament hill! Lobby the Canadian Broadcasting Corporation. Front door of the governor general's house, the lawn of the Prime Minister's house.

Matt describes his deepening anger when there is an added insult to the injury inflicted when the government disbanded the Airborne Regiment. Although, he values freedom of speech, Matt would prefer that the Somalis protest any where else such as in places of government or the media. Much competes in this situation in terms of betrayal of thémis or doing "what's right". The Somalis are situated at a sacred place, where

Canadians come to honor their soldiers who died while serving in the wars overseas. Such dishonor towards his fallen dead brother soldiers adds further insult to his already injured sense of justice. Further insult and betrayal is fueled by the Somalis who dishonor the Airborne Regiment by calling them war criminals, when in actuality the vast majority of soldiers assisted them in providing humanitarian efforts to improve the conditions of their country. The war criminals, or those who should take responsibility, reside in the places of government and the media. These places would be more fitting for the Somalis to protest and lay blame. By blaming the Airborne Regiment, the chain of command and the government have left the Airborne Regiment alone to face a very humiliating public display by the Somalis. This sense of betrayal upon betrayal, humiliation and shame only heightens the anger and eventually, the trauma of Matt and the soldiers from the former Airborne Regiment who are sent to other units and redeployed overseas.

### ***Shunned: Another stigma attached***

> There was a big chunk of the guys on my tour in Yugoslavia; all of us had come from Somalia. On the uniform you wear the badge that you wore in the Airborne Regiment, your wings. You'd see it on parade. We'd all know one another. You look at the badge and the guy would look at your badge and go oh, you were in Somalia. Oh, like shunned. There's another stigma attached.

Matt describes what happens to former Airborne Regiment soldiers who are re-deployed overseas. Once disbanded, the Airborne Regiment soldiers are dispersed among other regiments. Many are sent overseas to the tour in Yugoslavia. They are still recognizable as a former Airborne Regiment member as they proudly wear the wings on their uniforms. When other soldiers who did not serve in the Airborne Regiment recognize a former Airborne Regiment member, they shun them. Another sense of betrayal and isolation is added from within their own military family by their own brother soldiers. This sense of betrayal adds another layer of stigma that had already been dealt to them by their military leaders, the Canadian government, the media and the Somalis. In the following excerpt, Peter describes his anger, sense of betrayal and subsequent mistrust of the government on deployments following the disbandment of the Airborne Regiment.

***The Government has washed their hands of me***

> I mean look at the Somalia affair. The government ran down the Airborne Regiment. A lot of people hung for that but nobody in the government. The bottom line is who actually made the decision to send the Airborne in? It was the government. What was the Airborne Regiment actually going to do? They were designed to be inserted behind enemy lines and cause as much damage and as much chaos as humanly possible. These guys are motivated, self sufficient, trained killing machines. All of a sudden you say take off your maroon beret, put on a blue beret and do a peacekeeping mission. It was the wrong unit, it was the wrong situation, and the government didn't take any hits for that. They were the ones that actually put the rubber stamp on sending them in there. When I step off the plane and on to the tarmac of where ever I am, I know, my government has basically washed their hands of me.

Peter describes his reaction to the disbanding of the Airborne Regiment by the Canadian government. He is trying to understand and review what happened to the Airborne Regiment. Once again, the political process, much like the *Caucus Race* in *Alice,* did little to benefit the soldiers. The last minute plans by the government to send the Airborne Regiment into Somalia and to change their mission from peacemaking to peacekeeping has a profound and deadly impact on this elite unit. This experience has left Peter with the belief that no matter where or when soldiers are sent on deployments, the government will not support them or take any responsibility for their service. Soldiers are at the mercy of government decisions which then can lead to traumatization by their military family. A profound sense of betrayal and anger towards the government emerges from these loyal soldiers who are so willing to risk their lives for their country. At the end of the *Caucus Race*, *Alice* is forced to give everyone a prize. Eventually, the government is embarrassed and forced into giving the disbanded Airborne Regiment soldiers a medal in recognition of their service in Somalia. How do the former members of the Airborne Regiment respond to the recognition by their government for their service in Somalia?

### ***The Government is embarrassed into giving a medal: Recognized, not recognized***

> Canada issues medals every time it sends troops over seas. For Somalia it didn't happen. The military is arguing look, you sent an expeditionary force overseas like we did in World War I, World War II and Korea. This is the same thing. Our practice is that we give a medal. We're disbanding the unit and we're supposed to give them all a medal? Wouldn't that look stupid? The soldiers started to publish here's what happened, it wasn't the soldiers, our government has a chain of command from the Governor General to the Prime Minister, all the way down that says no one cabinet minister can send the military overseas. And this time it didn't.
>
> The government is embarrassed into giving you medals. It's the first time Canada has ever issued a medal for a campaign that there was a means test. Somalia is the only one that puts the word honorable service. For Somalia, they make a point of saying this is the only medal we ever minted that has the word honorable.
>
> So it's a medal, an original award that comes from the Queen in recognition of your service in the name of your country. You don't know who got it until you're in your dress uniform and you see other guys. Oh, you were in Somalia too! So there's this thing that it was really horrible service and it was recognized, but not recognized.

Matt describes how the government was embarrassed into giving the disbanded Airborne Regiment soldiers a metal for serving in Somalia. It is the only medal minted that has the word honorable. The government disbanded the Airborne so it is ironic that they had the medal minted with the word honorable. What is the point being made by the government? Was this in some way an apology for disbanding and blaming the Airborne for their error?

Matt goes on to describe a "magic" parade where 100 hand picked Airborne Regiment soldiers receive their medals first in Ottawa. He explains that this is done "symbolically" as a way to show that the great Canadian virtue of doing the right thing eventually came to the fold. However, the majority are handed their medals individually in private where no one can see behind closed doors "in the dark" with no parade and no photographers. Matt describes the ambiguity of being recognized but not recognized when the medals are handed out in secrecy which leads to anger, shame, stigma and embarrassment about their service in Somalia.

They don't know who received the medal until they are in their dress uniform with other soldiers. The underlying message is still that it was a horrible service that the government was forced to recognize because of the embarrassment generated from former Airborne Regiment soldiers and their military family that they should be treated like all the other soldiers who served on overseas missions. The disbandment of the Airborne Regiment was a traumatic experience for those soldiers who served together in this special military family. As well the secrecy of receiving the medal, leads to further trauma inflicted upon them by their own military family for Matt and the other former members of the Airborne Regiment.

In turn, all the peacekeepers will endure an even deeper sense of betrayal and trauma inflicted upon them by their own military family, which will be explored in a later chapter. First, there is a need to explore further the experiences of peacekeeping during their deployments that lead to trauma.

## The Pool of Tears: Living the Unpresentable

*Alice* shed gallons of tears, until there was a pool of tears all around her. She swam about trying to find her way out and back to the garden. The pool became quite crowded with birds and animals that had fallen into it and eventually, the whole party swam to the shore (Carroll, 1865/1992). Like *Alice*, peacekeepers try to find their way out of their experiences and to metaphorically swim ashore or find their way back home. In particular, they try to escape from the traumatic events that they witness. Peacekeepers, like previous generations of soldiers, experience traumatic events that hold the unpresentable. Dallaire (2003) brought forth in words the unpresentable destruction of human life that took place during the genocide of Rwanda. How do we express in words the tragedy of human suffering witnessed and sustained by contemporary peacekeepers who served overseas on recent deployments? In this chapter, we hear the peacekeepers trying to express their experiences through words which are hard for us to hear.

> The ineffable is always rooted in an experience, an entity that manifests itself in life….Often the unpresentable, is an excluded or an ineffable thing, something difficult to bring to words (Cameron, 2006, p. 24).

The unpresentable is excluded from discourse and in turn, the public and others are not made aware of its presence. In the following excerpts, the peacekeepers bring to words the unpresentable rooted in the ineffable experience of the trauma of peacekeeping. These soldiers stand in the presence of the unpresentable in a way that Levinas (1947/1987) describes as 'an absence of all refuge' (p.69). The survivor of trauma is a "disturber of the peace…a runner of the blockade men erect against knowledge of 'unspeakable' things" (Tal, 1991, p. 231). They do not let us look away, for we have much to understand about peacekeeping and trauma. Their stories have words rooted in an experience that bring us back to the famine in Somalia, the genocide of Rwanda and the ethnic cleansing in the former Yugoslavia.

### ***Rules of Engagement: The things that restrict you***

*`I don't think they play at all fairly,' Alice began, in rather a complaining tone,' and they all quarrel so dreadfully one can't hear oneself speak--and they don't seem to have any rules in particular(Carroll, 1865/1992, p124).*

*Alice* is subjected to the Queen's Croquet Ground where the game is not played fairly and everyone quarrels. No one is waiting their turn, and the Queen is soon in a fury. Much like peacekeeping, Alice finds that there doesn't seem to be any particular rules to follow and she is worried that eventually, the Queen's fury will be turned against her.

> Peacekeeping is a very hard thing. Somalia was probably the easiest mission I'd done, in some ways, but yet in other ways it was the hardest thing because our rules of engagement were so ambiguous. They were changing on a daily basis. Every day you didn't know what the color of the day was or the flavor of the day. Its okay, we can't kill the guy today, but tomorrow we're going to change, if you can turn on your radio, you can change it or you can shoot him. Then the next day, if he's carrying a weapon you can shoot him, but today you can't. It was utterly ridiculous.

Tim describes the role of peacekeeping as hard because it is so ambiguous due to the ever changing rules of engagement. Like *Alice,* peacekeepers must adapt to rules that at times seem utterly ridiculous, nonsensical and could ultimately be turned against them. The ever changing rules of engagement make it very difficult for peacekeepers to know how to act in what can be life and death situations. The following is an excerpt from Tim's experience with the rules of engagement while peacekeeping in Somalia.

> We were under strict orders that we weren't allowed to, especially give up our own water. I had to tell him no. Then I told him sorry, and he understood and smiled. He kept reminding me so much of my grandfather except that he was dark. It sticks with me to this day. He was so proud looking. He put his hand on my shoulder. Oh that's all right, son. It really hit me. I watched him walk away. I kept turning around. I was wondering; where was he going with this big mush

> bucket of beans? Did he have a family? What's he looking after the grandchildren? Where was he going? I kept looking back to see.
>
> It really made me feel so mad that I couldn't give, I wanted to, but I couldn't. That was the first real thing that really disappointed me; the fact that I was there to help these people. I actually had to say no, I can't help you. It really affected me. It was the disappointment that those rules prevented you from giving your water. You were bound to follow those rules. I mean it's not a big trauma. It's the small things that people have to deal with. I mean those are the things that bothered me the most about all these tours is the children and the people that you can't help. It's those rules that restrict you.

Tim describes an incident in Somalia that traumatizes him. It is not blood, guts and bullets. One of the expectations of a soldier is the willingness to risk their lives and to expect blood, guts and bullets. Tim is on a convoy escort with trucks loaded with grain or whatever is being shipped out that day from the airfield. The soldier peacekeepers are on the lookout for bandits. They are dripping wet not because of the heat but because of bandits waiting to shoot at them. Like Paul in *All Quiet on the Western Front,* Tim stretches out on the earth waiting to be shot at by bandits. He describes this situation as a 'normal' thing for a soldier. What traumatizes Tim is his inability to help an older Somali man. Tim describes meeting an old 6'5" tall Somali man in his late 50s, early 60s. He is massive about 200 to 230 lbs. with big hands, which is not typical as Somalis are thin or skinny. The Somali man wears a big white robe and carries a silver colored bucket with some lima beans mush inside. He stops Tim and motions to his water bottle asking for some water.

The rules of engagement have been decided and situated elsewhere back home. Although Tim connects the Somalia man with someone in his personal life (his grandfather), the rules of engagement require him to turn away from normal reactions in life. In life, one would normally assist someone asking for some water. The situatedness of the peacekeepers demands that they are bound to those rules even when the rules restrict them from responding as a human being to the other. There are consequences to not following the rules of engagement. Tim describes another situation where he finds himself struggling with the rules of engagement in Somalia.

> I ended up shooting him in the leg because; well this is where the rules of engagement came in. I'm thinking I can't shoot him there because I'll go to jail. If I shoot him here I'll go to jail. I can't shoot him in the thigh or I'll go to jail. I just worked my way all the way down. So I ended up shooting him basically in the ankle. He still didn't drop it. I think the pain finally kicked in. It was about another minute and a half. I put three rounds in his foot. He was still hopping around! I talked to doctors about that. I think about it a lot. I wonder if he died from infection.
>
> I ended up in the hospital about a week later with some type of virus that knocked me out. They ended up bringing him into the hospital too. That was traumatizing more than anything. They actually kept us separate. They brought him in because I guess he was getting an infection. They didn't want him dying. So they treated him; dressed his wound and sent him home or where ever he lived. Sometimes I wonder if I was in the right or not. I think I was. I could have killed the guy. I still would have been right. Inevitably, I think he would have released the machete. Sometimes I deal with it and wonder if he's alive.

Tim describes his struggle with the ambiguity of the rules of engagement and the consequences of not following the rules. A man comes to the front gate hollering, screaming and swinging a machete while hacking away at the gate. Terrified people are running around. The soldier peacekeepers are telling him to drop the machete with their weapons up. One of them fires a few warning shots telling him put it down, and drop it. Tim explains that the soldier peacekeeper with a big machine gun is ready to fire it and fill him up. The man is ready to throw the machete.

The ambiguity of the rules delays Tim's decision for a minute and a half which could have cost Tim or the other soldiers a deadly injury or their lives. It is more important to decide which part of the man's body to shoot at rather than react quickly in order to protect his or his brother soldiers' bodies. To stop the man from throwing the machete, Tim decides to shoot him in the ankle and the foot as this is least likely to result in serving time in jail. Tim can face charges including time in jail if he unknowingly breaches the rules of engagement. Ironically, the military didn't want the man to die so he ends up being treated in the same hospital as Tim. That was the most traumatizing part of the experience as he is afraid that the man will try to attack him in the hospital. If this were to happen, Tim would have to struggle again with the rules of engagement as to what is the right decision to make. The ambiguities of the rules of engagement make Tim question his decision to shot the man to this day. He wonders if he did the right thing and if the man is still alive.

The central theme of *Alice's Adventures in Wonderland* is *Alice's* struggle to adapt to the nonsensical rules of this new world; metaphorically, it is *Alice's* struggle to adapt to the strange rules and behaviors of adults (Carroll, 1865/2000). Carroll is constantly reminding us of the consequences of not knowing the rules. Childhood is partially a state of peril, and Carroll names a few of those perils directly: "poison bottles that the child cannot read, falls, burns, wounds from blades that the child is too young to handle" (p.18). Much like peacekeeping, not knowing the rules or knowing them, however foolish, nonsensical or arbitrary those rules may be, is a source of great uncertainty and peril. The ambiguity of the rules of engagement leaves a mark on the peacekeepers long after their return home.

### *Cambodia: Why doesn't it matter?*

> When I started therapy I remember bringing up Cambodia. The therapist would say well that doesn't matter, let's talk about Rwanda. I'm thinking why doesn't it matter? I went there injured. I was screwed up when I went there. So maybe my

> perspective was already different. We would drive places in Cambodia. I remember one day coming across this woman on the side of the road. She was begging for transport to go to a hospital because she had just lost a limb on a mine. Her husband has two artificial limbs because in the last three years he lost two of his limbs. I'm thinking, Jesus, how bad, and these are farmers trying to make a living. These poor people are bleeding like a stuck pig on the side of the road. They were just left there to die. So of course that in itself is traumatic. To me it was really heart wrenching because I was already screwed up. I didn't know what to do with the information.

Although the interviews focused on the deployments to Somalia, Rwanda and the former Yugoslavia, Simon describes a traumatizing event that occurred while on deployment to Cambodia. He posed the question: Why doesn't it matter? For Simon, witnessing human suffering mattered irregardless of where the deployment took place. In the telling of his story, it was important for Simon to convey that traumatic events witnessed by contemporary peacekeepers are not limited to Somalia, Rwanda and the former Yugoslavia. Peacekeepers have been witnesses to human suffering on multiple deployments to countries from around the world. Have we become so focused on the genocide in Rwanda and the ethnic cleansing in the former Yugoslavia, that other atrocities in the world are overlooked? Why doesn't it matter? Contemporary peacekeepers bear the stories of suffering and trauma from multiple deployments. They remind us of those that are forgotten and left bleeding at the side of the road from around the world.

### *Haiti: The have nots*

> Where my PTSD comes out is Haiti. I was personally involved in the humanitarian operations and initiated some of the projects which were designed to work with the "have nots". Organizations were not as above board as what we thought. One was a medical clinic in one of the poorer parts of town. I spent a lot of time with members of the helicopter squadron, refurbishing and cleaning it up. It was run by a missionary from Quebec. We were trying to get medical supplies and medical equipment. They were dealing with I think the HIV rate in Haiti. It

> runs about 25% or more. We found out afterwards that they may have been selling off some of the drugs and things like that.
>
> It was the same with the orphanages. Our engineers did a lot of work to rebuild the orphanage, their water supply and their living conditions. Mattresses and clothes were donated. We started looking at a plan to have Christmas parties at some of the orphanages. Many donations came in to provide traditional North American meals, turkeys, and everything else like that. We were given sort of a rough idea of numbers and a lot more showed up. Then we noticed a lot of the stuff that we had given them was starting to show up in the local community. So whether the sister who was an order of one was forced to give it out or if she was corrupt, we don't know. We thought pouring our time and effort and energy in trying to do the best we could would make a difference. Then we had the rug pulled out from underneath us.

Like Simon, Thomas expresses the importance of understanding that the deployments to Somalia, Rwanda and the former Yugoslavia do not cover the broad spectrum of that time period. Other deployments such as Haiti have a capacity to traumatize although the nature of the trauma is different. Thomas describes the humanitarian operations in Haiti assisting the poorest of the poor. That degree of poverty so close to North America especially, the United States is a great contradiction of terms for Thomas. It is a challenge that confronts a lot of his world views. He questions his worldview of how the world should be fair and equal for all. When trying to do good deeds in a medical clinic and an orphanage is undermined by the very people they are trying to help, Thomas questions the purpose of being there. His trauma starts in Haiti because of the extreme poverty and the inability to make a lasting difference.

### *Reconciling good and evil*

> One of the things I really struggled with and I thought I had it down midway through the tour was reconciling good and evil. It's all a crisis of the spirit. It's called a spiritual dimension. How we relate to the rest of the world. Our constructs of how the world should be. And that traumatic stress shatters those notions. So in that case everything is a spiritual crisis.

Thomas describes his attempt to reconcile good and evil. For Thomas, who is a chaplain, the constructs and the shattering of these notions of how we relate to the rest of the world involve a spiritual crisis. The essence of psychological trauma is "the shattering of one's experiential world- in particular, of those "absolutisms" that allow one to experience one's world as stable, predictable, and safe, and oneself as inviolable" (Schwartz & Stolorow, 2001, p. 381). All traumatic events undermine the victim's belief and trust in social order: "Every instance of severe traumatic psychological injury is a standing challenge to the rightness of the social order" (Shay, 1994, p.3).

The word evil however inadequate has been used to present these ineffable and unpresentable atrocities. "Evil" describes something that is morally bad or wrong, and the world of morals is the world of people, their conduct and character (Janoff-Bulman, 1992). Human-induced victimizations make one directly aware of utter immorality in a way that "acts of God" cannot. They involve understanding, at a deep experiential level, that terror and pain to others was intentionally caused by another human being.

Does the complexity of contemporary peacekeeping deployments make it difficult to understand in terms of good and evil? Is evil the best word to describe the absence of morality witnessed by contemporary peacekeepers on these deployments? We turn to the other peacekeepers to deepen our understanding of evilness in the contemporary world of peacekeeping.

### *What's fair, what's just, what's the right thing to do?*

> So what's fair, what's just, what's the right thing to do? When you do the right thing and it ends up that someone dies. Or you do a simple act of charity and someone is killed because of it. Spirituality is one way. We all live in a bowl. We're given all our beliefs and disbeliefs. Our belief system is given to us whether actively or passively. It's the bowl that we're put in at birth. It sort of

> involved all the triggers. All the buttons are put in place, mostly unconsciously I think.
>
> Most people learn like sense of fair play. If you have 6 of something and Susie next door has none, well then it's fair that you give her some. Is it written down that way? Not really. But we know that when someone is hurt and crying it's natural to go over and lend support. Even just to ask what's going on? So there's another part of the world which I think in spiritual theological reflection, that it experiences raw and unfiltered evil.

Matt questions his sense of what's fair, what's just and what is the right thing to do. How does one reconcile that doing the right thing, such as an act of charity, could result in the death of a human being? For Matt, who is a chaplain like Thomas, such experiences involve a spiritual theological reflection. Like Thomas, Matt tries to understand such experiences in terms of right from wrong and good and evil. Here we find Matt questioning, theorizing in order to try to understand some of the results of trauma. Facing raw unfiltered evil where these constructs have no meaning traumatizes Matt as his belief systems are shattered. No matter who commits the trauma, Matt believes that it breaks the person's worldview of what they assume is right from wrong and good from evil. He searches for some way to understand what is happening. As he examines morality, he tries to find an explanation. But it seems his explanation fails. That is one of the things that makes Matt realize that something is wrong with him. After multiple deployments, he didn't believe in anything any more. It was getting worse not better. Peacekeepers confront raw unfiltered evil on multiple deployments where there is no sense of fair play, justice or certainty about the right thing to do. Do the dualities of right from wrong and good and evil offer any comfort or explanation?

### *Evil is inhuman machines?*

> I sometimes let myself think about the evil that men such as Bagosora wrought-the Hutu extremists, the young man of the interahamwe, even ordinary mothers with babies on their backs, had become so drunk with the sight and smell of

> blood, and the hysteria that they could murder their neighbors. What did they think as they were fleeing the RPF and stepping through blood-soaked killing fields and over corpses rotting into heaps of rags and bone?
>
> I rejected the picture of the genocidaires as ordinary human beings who had performed evil acts. To my mind, their crimes had made them inhuman, turned them into machines made of flesh that imitated the motions of being a human. The perpetrators on both sides had their "justifications". For the Hutus, insecurity and racism had been artfully engineered into hate and violent reaction. In the RPF's case, it was willing to fight to win a homeland at all costs, and its soldiers' rage against the genocide transformed them into machines. (p.456)

In the excerpt from *Shake Hands With The Devil: The failure of humanity in Rwanda,* Romeo Dallaire (2003) writes that for him, it was incomprehensible to believe that the horrific atrocities committed in Rwanda were carried out by human beings. Evil was seen as the Devil that had transformed human beings into inhuman machines made of flesh. Does the duality of good and evil offer some comfort for Dallaire? Did transforming human beings into machines help Dallaire make sense out of such senseless killings?

### ***There is no God. There is no Devil***

> We were heading out of downtown Kigali. I was in the passenger seat on the right. The Senegalese guy was on the left driving. We got stopped at the barricade. Our Canadian flag is on the left shoulder. This guy comes inside the truck. He's got his head right in front of it. I remember the eyes, red, red, red, eyes and drunk with banana beer. He's waving this machete at the driver and me. He knows the Senegalese guy is not from Belgium because he's black. He's telling me I'm from Belgium. He wants me to step out of the vehicle. I'm thinking, he doesn't know his countries.
>
> When I was at headquarters; they were giving big Canadian flags for both shoulders for the peacekeepers in Bosnia. When I went to Rwanda I wanted those big flags and they said no, those are only issued for Bosnia. So I'm in the jeep now. This guy thinks I'm from Belgium. I am thinking, no, no, Canada. Look, look, and he is waving this fucking machete. I don't know if it was rusty or if it was bloody. I'm hoping it was rust. Then the Senegalese just hit the gas and ransacked through the barricade with the vehicles behind following us. They opened fire on us. We came back to the headquarters with holes in the back and our spare tire in the back blown. I'm thinking he's not the Devil. Dallaire thinks there's a God. I think there's no God. I think there's no Devil either. They're just friggin sick people.

Simon disagrees with Dallaire that there must be a God because they saw the Devil over there in Rwanda. Simon explains that Dallaire is from another generation than him. For Simon, he shook hands with the Devil too. He knows the people, not the machines that Dallaire writes about in his book. Simon recalls an incident that happened after the Belgians got killed. For Simon, who served with Dallaire in Rwanda, the duality of good and evil and humans as killing machines offers no comfort or explanation. Where is God? For Simon, there is no God and no Devil. Such duality does not help him make sense out of such sense less killings. He could have lost his life because of mistaken identity on the part of a flesh and blood human being, not a machine. Such hatred towards another human being is hard to comprehend. Simon is confronted with human beings committing unthinkable acts. He remembers the eyes of a flesh and blood human being bent on killing him because he is mistaken for a Belgium. Simon's internal dialogue remembers and questions if only he had a larger Canadian flag on both shoulders. Would it have made any difference? Why were the larger flags only issued for those serving in Bosnia? What makes peacekeepers ponder good and evil? Does this help them cope? How do we make sense out of such hatred?

### ***What's happened? Its hatred***

> To see the number of people who are displaced in Bosnia. They were displaced just because they were neighbors and then because of religion. The fervor that was stirred up by Milosevic and Sarajevo or how one group was oppressed and the others weren't going to take it any more. All of a sudden neighbor against neighbor, come on what's happened? All of a sudden this person is now dehumanized to the point where somebody feels its okay to kill them en masse. There was a whole plot of graves with green markers. A whole cemetery of Muslims killed for no other reason than they were Muslims. Just because one group said we're better than the other. It's hatred.

Thomas describes that being in the world of contemporary peacekeeping involves witnessing hatred on a scale never witnessed before by peacekeepers. People are killed en masse and whole cemeteries are filled for no other reason than religion. Peacekeepers are in situations that are difficult to reconcile as they are often at the extremes of life. Thomas questions how a neighbor can become a non human because of their religion. Does it make it easier to kill a human being who has been dehumanized? Will cemeteries forever hold the unpresentable for contemporary peacekeepers? How do contemporary peacekeepers heal from this kind of hatred on a broad scale?

***Hatred that's difficult to comprehend***

> So we were sitting in downtown Sarajevo. There was a mother with a baby and two small boys crossing the street. The next thing you heard was gun fire from off in the distance around her. She was pinned up in the street. I was the section commander. I ordered the carrier out and in front of her. We took I think six rounds in the side of the carrier. Just basically crept down the road beside her until she got to where she was going into the building. Here's the mentality. I'm going to shoot this lady and the three kids because those children are going to grow up to kill my children. That's the thinking. North Americans we don't think that way. We don't think that way, but that's the way that they think! It's very difficult for us to comprehend that type of hatred.

Peter describes the kind of mentality whereby someone would kill a woman and her three children in order to prevent the possibility that these three children will grow up and kill their children. How can North Americans, like contemporary peacekeepers, comprehend the type of hatred that extends across generations? How do peacekeepers heal from this kind of mentality of generational hatred? How do they make sense of such hatred?

### *The church: How does that make sense?*

> The next site was at a church. These people were all shot. Women, children, men, there were people killed in separate rooms. People were trying to hide their children, in their hiding spots. There was a priest killed right inside the church. I remember I actually spent a great deal of time in the church alone. An alter boy was inside. He was bent almost in half it seems. They were all shot.
>
> There was actually a location where they had set up a gun, because there were spent casings piled up in one area. There was this one location in the courtyard where the bodies had just been piled in. I think it was three tiers or stacked up and you couldn't walk by it without almost barfing. These people praised God. I mean these people among everybody; they built churches out in the middle of nowhere. They were killed! You know, praising God. How does that make sense? Basically in all the places these people were killed, were in church. This church was on top of a hill in the middle of nowhere. The most beautiful church I think I ever saw. It was a Catholic Church. It was an incredible massive site. I walked up to the altar. There was a can. I remember this can on the floor. This oil can, and right across the oil can it was from Canada. I kept looking at that can. It was a flower can actually. I thought Canada.

Tim describes one of the many atrocities that took place in the churches of Rwanda. He finds himself in the most beautiful church he ever saw in the middle of nowhere. Here in the world of peacekeeping, we find juxtaposed the most beautiful church with the dead bodies of men, women, children and babies. Etymologically, the word church comes from the old Anglo-French sentuarie, from the old French sainctuarie and from the old Latin language sanctuarium "a sacred place, holy shrine". By medieval Church law, fugitives or debtors enjoyed immunity from arrest in churches, hence the term sense of "immunity from punishment" or sense of "place of refuge or protection"(Skeat, 1983, p. 465). Here in Rwanda, even in churches, there is no immunity or protection from the genocide. Where is God? In the midst of this senseless scene, Tim finds a flower can that came from Canada. Tim keeps looking at the flower can and thinks about Canada. In Canada, the church as a sanctuary is respected. Does Canada represent the only safe place for these contemporary peacekeepers? Or is the flower can that represents Canada the only thing that makes sense in this scene of senselessness?

Does Tim cling to this symbol of Canada to take him away from the desecration of this holy place and perhaps to a saner world than he currently finds himself?

### *The school: How could you call yourself a person?*

> We hear screaming atrocities, atrocities. He says that the frigging school was full of dead people. All these people, children, and babies were dead for no reason. How could anybody bash a baby in the head? How could you do it! It's cold. How could you call yourself a person? I just can't understand it. I can't put a word on it. I just could not understand it. Does that make somebody feel powerful? What kind of statement? There's no statement being made there.
>
> So I remember, and there was so much going through my head when I was there. Maybe that's why I spent so much time in the rooms. The room just the older kids there and I remember going in. They're very Catholic in Rwanda. They had made the spiritual cross at the door. I had wondered what must have been going through these kids' heads. How long had they been in this room waiting to die? Or had they waited at all? I remember having to go to my room waiting to get a spanking when I was a kid. I mean these kids were in this room waiting to get killed.

Tim describes the scene of an atrocity that took place in a school in Rwanda. We can see Tim's thoughts and reactions as he tells us about this scene. Three rooms and one of the rooms are full of women and young children. One's full of men. There's another room with a few older children beaten to death and clubbed. He describes the sweet pungent smell of the early stages of decay. He remembers in one of the rooms, a beautiful woman holding her toddler in her arms. This sticks to him to this day. While recalling this woman, Tim remembers in a momentary flashback; a beautiful woman standing by the road who was killed. He has a visceral reaction thinking that he is going to pass out recalling this incident. Although he is a soldier, Tim could not prevent the slaughter of men, women, children and babies. One can feel his rage and sense of helplessness at his inability to do anything to prevent this atrocity. In this scene of mass murder, there is beauty and a reminder of another death. One atrocity reminds him of another atrocity. He asks himself a lot of questions: What leads people to do something so utterly disgraceful? Why? He remembers being angry. He remembers thinking, here we are soldiers and we can't really do anything about this. At this point, all Tim wants to do is to go on a killing spree. There was nothing they could do about it. He feels so bad.

Tim can't understand and can't put a word on how someone could kill innocent men, women, children and babies. Tim struggles with how someone could call themselves a person and yet kill innocent helpless human beings. There are no statements being made in these rooms of death. Tim stays here in the midst of these scenes and disfigurement that for us who are not peacekeepers is unpresentable and outside of our known discourse. Tim identifies with the kids who were killed with his own life as a child. The only thing that he can compare their experience to is what it felt like waiting in his room to be spanked. He tries to understand what was going through the heads of the older children as they waited to die. It is difficult to understand waiting to die when the only the comparison is waiting for a spanking. How long had they been in this room waiting to die? Or had they waited at all?

### *How do you make sense? You don't make sense of it*

> This woman heaved over the razor wire of the camp, this bundle of rags. It was a baby dying of tuberculosis. The sores had come through the body. I thought oh my God! It looked like the baby had been eaten by something. It was all these open sores. We don't have a way to treat babies. We have basic medical. We have surgeons. The baby died within a day. The soldier that picked the baby up had to be treated for tuberculosis and then the medical staff. What are you supposed to do with the life? The mother threw it away. I mean so what brings a mother to make that decision?
>
> A couple of days later a Somali white pick up truck full of people in the back, racing down the road, it tips over, bodies fall out, people are crushed, limbs removed. We went out with two ambulances and start to do first aid. The people that weren't killed in the accident turned around and looted our ambulances. It

> would have been different if they looted and then came back and said we're here to help. No, they looted and then kept going. You're trying to say how to make sense out of it. How do you make sense? And you don't make sense of it. You don't.
>
> I remember we got a lecture that they were Somali or Muslim. I can see we made all kinds of big mistakes at the time; women and children get treated first. That's what we do. So what did they do? They took the kids aside and beat them so hard that the kids didn't come back to us any more. So then the medics are saying what the fuck are we doing here? What?

Matt describes the inability to make sense out of several incidences in Somalia. In each incident there is a disregard for human life. Or was there? The mother knew her baby was dying. There was no hope in her world situation. She did a mother's act to give the baby to someone in a situation where there was a hope for care. In the end, the mother was right. The baby died. What can the peacekeepers do? They can bear witness to this act. For Matt, the devaluing of life as in the situations with the people looting the ambulances and the Somalis beating their children profoundly affect him. The devaluing of human life is contrary to Matt's beliefs. Matt goes on to describe the camp as a Wal-mart store. The Somalis would come to loot their garbage and other things. Because there is no police force, the peacekeepers have to shoot at the Somalis for stealing their empty plastic water bottles. There's no other way to bring law and order. Matt questions; what the hell are we suppose to do? Peacekeeping soldiers are not policemen or social workers. He states that if they need social workers; send in social workers not soldiers. One of the underlying paradoxes of contemporary peacekeeping is despite trying to do good often the situation worsens for those around them. Matt wonders – would it have been better if they had not shown up? They were there and kids were beaten. The soldier peacekeepers brought food, which was not the type of food eaten by the Somalis. Matt remembers the violence of the Somalis against themselves and violence against one another. The soldiers would support one faction unknowingly to give a guy a contract to drive a truck. Another faction was not supported which caused the factions to be at one another's throats. How do you make sense that if they had not been there it would have been better for the people they were trying to help? How do you make sense of the disregard and the throwing away of human lives? You don't make sense of it. You don't.

### *This is senseless: its chaos*

> I'm thinking, one of these Serbs is drunk, or they're all drunk, and maybe they'll fire a few rounds into the air. It was like surreal. I think what the fuck am I here for? It doesn't matter. I used to think well if you die while you're saving some kid from a river or rescuing a mother from a burning house then there's some value. But this? For what? This is senseless. Senseless killing which is what evil is. It makes no sense. It's chaos.
>
> Goodness has a sense of order to it like the change of seasons, life and death. I mean that's part of the progress. If I'm going to celebrate when someone has a baby being born, then in my faith and understanding, I can also celebrate a family that's had a death. In the medical community you heal people and you help people die. Its not success and failure, it's the continuum, it's life. But chaos it has no sense to it. It just destroys. Consumes. No rhythm, other than non-rhythm. So you're sitting there in the midst of it thinking well at home this would be. Well I'm not at home any more. I'm here.

Matt goes on to describe how senseless it was serving in the former Yugoslavia. He is deeply thinking about the senselessness of being killed at any moment by drunken Serbs for no reason. As in Somalia, human lives in the former Yugoslavia had no value. He shows us how these situations lead him to this kind of thinking. Chaos has no sense to it which is evil. Evil is chaos that consumes and has no rhythm. For him, natural rhythms such as cognitive structures and bodily life at home have been stripped away here. However, he is not home but overseas in the midst of chaos. Matt struggles with this way of being in the midst of chaos, where life is meaningless. How do contemporary peacekeepers make sense out of senselessness on these deployments overseas?

### *It makes no sense*

> We have footage of this hospital. It was the day after the militia stormed the hospitals and killed patients on the operating tables. So these were people who had been injured during the fighting. The militia came in and doctors are suturing people in the operating room. These savages come in and hack people on the operating tables. We're at the hospital and the doctors are freaked right out, talk about PTSD. It's crazy. I can see killing somebody to defend yourself but to storm a hospital and kill patients. I don't know. It's a little warped. It was like a feeding frenzy, a bunch of rabid dogs.
>
> What killed any shred of belief I had that there was a purpose to your life, my purpose is very grounded. Its now, people today, tomorrow, but the purpose of life as a whole I don't believe in that. After staring at so many dead people for so long, ten months, walking over corpses laid all over, raped women. I don't believe in the purpose after looking at all these people, raped women, kids with their heads chopped off. I'm thinking all these people were just left there, rotting. So what's the purpose of that? Weed and feed. I don't know. Top soil? It makes no sense.

Simon describes the senselessness of atrocities that took place in a hospital and elsewhere in Rwanda. For Simon, the horrific atrocities that he witnesses are senseless acts committed by savages. Such senseless killings, of innocent and defenseless human beings in turn, kill his belief that there is a purpose to life. His purpose becomes grounded in today and tomorrow rather than the purpose of his life as a whole. It is a life lived in moments, the day and the next day not in the future. These atrocities have changed Simon's belief of a future with a purpose forever. It makes no sense that innocent men, women and children were slaughtered. What's the purpose of that? It makes no sense.

### *All of a sudden the world opens up*

> People are being slaughtered everywhere. Now there are 20 trucks from the UN saying you're going, you're not going and you're going. It was a huge mess. People were yelling, screaming and fighting. As we're triaging all of these people the Hutu rebels who were doing most of the killings show up in their pick up truck. They threaten the UN; threaten us, that what we're doing is useless. We'll never get to the airport today, because they won't let the convoy go by. We did the normal thing of not being intimidated and say well, we're carrying on with our orders and so loaded the trucks. As we're loading the trucks we can see more and more Hutu coming into the hotel. The Hutu left the parking lot after threatening us, went to get reinforcements, came back up the hill, and set up an ambush.

> All of a sudden the world opens up. They opened up with machine guns and start firing on the side of the hotel because they wanted to intimidate us. They're firing, they fired a bit in the trucks, but they were too far. I think my first experience with trauma was then. I had been there for about a week now. Although I had seen dead bodies and it's discomforting, its not trauma, to me seeing a dead body is not trauma.
>
> The bullets are ricocheting. At one point this young boy that was about the age of my son at the time, got hit in the leg by a bullet. If I want to I can still see him. I can still see him flip inside out and fall on the ground yelling. I was about three feet from him. We brought him into the hotel. His family or friends or what not gave him first aid. We had our job to do. So we kept doing our job. I always wondered about this; did he survive. Why him? Why not me? Why not that guy over there? I guess to me it was really hard to swallow because he was the same age as my son. He was about 10. The height, the build, of course he was black, my son is white, but it doesn't matter. There was an association.

Simon describes an incident in Kigali that happened during the war in Rwanda at a hotel owned by a Belgian airline company. The hotel had become a refuge and a triage center. A lot of countries were accepting ex-patriots or refugees that had family in another country. The peacekeepers role was to figure out who gets to go, who doesn't get to go, check identities and make sure they're the right families. If they are not then they'll end up in limbo or in an airport and they'll be shipped back to Rwanda. It is 'normal' for the soldiers not to be intimidated by the Hutu rebels who were threatening them. Instead, they carry on with their orders while the Hutu rebels set up an ambush. Simon went on to describe in detail the situated ness of this world of peacekeeping. He is very aware of his location and the vulnerability of the space of a long laneway coming into the parking lot in front of the hotel with an embankment full of bushes and trees. This is an expectation of peacekeeping soldiers. Not only to be aware of the environment around them but to provide protection in the case of danger. After only a week in Rwanda, Simon does not find it traumatic to see dead bodies. Have the massive number of dead bodies left Simon with the inability to react to such atrocities committed on such a wide scale? For Simon, it is traumatic when the world suddenly opens up and the Hutu rebels start firing randomly into the bodies; the flesh of living human beings. For soldiers, the opening up of the world is the opening up of the flesh of the world. He can still see the wounded and open living human body of a 10 year old boy flip inside out and fall on the ground. As with the other peacekeepers, the situatedness binds Simon to the rules to keep doing his job. To this day, he wonders why him? Why not me? There is an association as the boy reminds Simon of his son who is the same age. Is Simon trying to make sense out of senselessness by making this connection to his personal life back home?

***What the hell is going on here: This is not a war!***

> The other connection I remember vividly. It really gave me a hard time when I came back home. It's this man. I don't know if it was the father or grandfather. He's on his back, spread eagle; wearing a suit. He was dead of course. I've seen enough to know that he was dead probably for a day. The flies were just starting to kind of gather there, but beside him was a little girl.
>
> The little girl was my daughter's age at the time. She was lying down on her side. Her skull had been cracked open like an egg by a machete. She had a smile on her face. Her face was nice and pretty. A nice little girl. This is pretty fresh because the corpses bloated a bit. I remember looking at that and saying, this is not a war!
>
> Nobody admitted there was genocide at the time. I remember being fixated on this and saying, what the hell is going on here! That's something that gave me a hard time coming back. I couldn't watch my daughter sleep. You know kids sleep like that, at that age. This is a little girl about 6 years old. It's the first sign that I think I was ill was probably this one night when I came back from Rwanda the first time. I went into the bedroom to kiss my daughter good night. I just froze when I saw her in that position. I think I was transported back. I didn't have a good reaction at all with that. But not knowing anything I just wrote it off as well of course you're going to have bad feelings about this shit. You'll get over it. I avoided going to kiss my daughter ever since in bed. Now she's 15 years old, but if she's sleeping, I don't want to go there. I don't want to find her dead.

Simon describes another incident that took place on a trail in Rwanda. His training as a soldier peacekeeper comes to the fore again when he recalls in vivid detail the environment around him. So many years later there is such vividness of detail. Is this part of the peacekeeper's knowledge and experience base or is it part of the traumatization? Or is it both? Simon describes a very narrow jeep and a half wide trail. On the way back down this trail, the peacekeepers come across a clearing on the side of the road among the trees that was not noticed on the way to a rebel camp. Another opening up of the world and opening up of the flesh of human beings. At first, the peacekeepers don't recognize what lies in front of them. What the hell is that? The recognition of a dead man and a little girl murdered by the side of a trail brings home the reality of the situation. What the hell is going on here! This is not a war. This is genocide. It is traumatic to see innocent and defenseless human beings slaughtered particularly, when one of them reminds Simon of his little girl back home. When Simon sees the face of the little girl laying exactly the way his daughter sleeps, the face of the other, he is reminded of his daughter. Is Simon trying to make sense of the atrocities by making a connection to his personal life? To this day, the connection of the little girl to his daughter makes Simon unable to go to his daughter's bedroom because of his fear of finding her dead.

### *Soldiers should be revered*

> There's a sense of pride, of putting on the uniform, and a sense of pride of defending my country and defending the beliefs that we believe in. Just the way that they treated each other. When we went in to Sarajevo, we saw bloated bodies floating in the river every day. It was like right over the bank of where we were working. For me, a soldier is something that should be revered because he made the sacrifice. If you make a sacrifice you should be revered. How much dignity is there laying face first in the mud with your pants pulled down around your ankles, bloated, and rotting? These guys that were floating in the river were nothing more than unfortunate soldiers that made the mistake of dying on the wrong side of the line. What you didn't see was the scene, the old ladies, and the ladies in black kicking the eyes out of dead soldiers lying in the street, stomping on their heads, tying them up to the back of the truck, dragging them through the street down to the river, you didn't see that.

Peter describes a scene in Sarajevo in the former Yugoslavia. Through Peter's account, we are able to see other sides of the complicated and complex world of contemporary peacekeeping. There are a couple of very famous pictures in Time Magazine of downtown Sarajevo with the pictures of the women in black crying over their dead son or their dead children. Peter explains that the public find it very heart wrenching and say oh my God! He brings us to the lived experience rather than pictures in a magazine and in so doing reveals more about the experience of contemporary peacekeeping. This is a traumatizing experience for Peter as he identifies with the unfortunate brother soldiers who made the mistake of dying in enemy territory. For Peter, it is important to revere soldiers as they make the supreme sacrifice for their country. Instead, he is confronted with the desecration of dead soldiers' bodies by old women who we have only seen in pictures weeping over their dead family.

Scarry (1985) wrote:

> When the Irishman's chest is shattered, when the Armenian boy is shot through the legs and groin, when a Russian woman dies in a burning village, when an American medic is blown apart on the field, their wounds are not Irish, Armenian, Russian, or American precisely, because it is the unmaking of an Irishman, the unmaking of an Armenian boy, the unmaking of a Russian woman, the unmaking of an American soldier that has just occurred, as well as in each case the unmaking of the civilization as it resides in each of those bodies. (p.122)

Perhaps, the unmaking of nationalities occurs when one is faced with man's inhumanity to man whether it is by man- made violence or by the indifference towards a famine stricken population. To these peacekeepers, their nationality became insignificant and it was their humanity and, in particular, their relationship to fellow soldiers that mattered. Who weeps for the soldiers? Is it Peter and the other peacekeepers? Do they bear witness so that we don't forget the soldiers?

### *The other side of insanity*

> This one day I'm with these civilians escorting them to a particular mass grave site. We came to a halt. If there was no shooting or anything I would just let myself roll to a stop. I would put myself in 1st get out and do what I have to do. That day of course there was no shooting. The war was over. I shut my engine off. I'm rolling. As we're coming to a stop we hear something. So we step out of the vehicle. One of the women that were with us says oh my God! You just went over somebody's pelvis or something. The bones crushed. This had been three months after the war ended so they were nice and dry. I remember saying to her, you should hear it when you roll over a skull because it really pops. The woman looked at me with this look of disgust like what the hell are you talking about?
>
> I remember that night laying in bed and saying are you going insane? That was something stupid to say. Why did you say that? I was starting to question. I guess. Not feeling comfortable with who I was becoming at the time. Now of course I wasn't like that all the time. That was probably the first moment where I remember vividly being there in my cot staring at the bug net thinking, if I continue to change like this how am I going to be a father? I had seen the other side of insanity; or over the line of insanity, I had been right to the edge where insanity is. I'm thinking I don't want to go there!

Simon describes an incident in Rwanda that made him question his sanity and what he might become. Simon went on to explain that he had a habit during the war. He had some kind of jeep that was diesel and really noisy. Simon couldn't hear what was going on outside with the engine clacking. He would put his jeep in neutral and turn the engine off and roll to hear if there was firing or shooting or mortars or anything happening. If there was something happening Simon would start up in neutral again, put it in 3rd gear and take off. During the war, this habit could have saved his life. Peacekeepers are trained to remember habits that can save their live and the lives of others. This habit stayed with him even after the war ended. He made a callous remark about the sound of bones being crushed under his jeep. This made Simon question his sanity. To witness atrocities or the other side of insanity made Simon question whether he would go there too. Marlow in Joseph Conrad's novel *Heart of Darkness* (1903/1999) recognizes the kinship between the civilized, rational and the primitive, instinctual nature of man. War and intrastate conflicts reveal the power of man's primitive and instinctual nature to dominate his civilized and rational one. While witnessing the madness that lies just over the edge of restraint, Marlow also comes to understand the powerful temptation that exists to cross that line:

> Well, you know, that was the worst of it- this suspicion of their not being inhuman …what thrilled you was just the thought of their humanity- like you- the thought of your remote kinship with this wild and passionate uproar. Ugly. Yes, it was ugly enough; but if you were man enough you would admit to yourself that there was in you just the faintest trace of response to the terrible frankness of that noise, a dim suspicion of there being a meaning in it which you- you so remote from the night of first ages-could comprehend. And why not? The mind of man is capable of anything-because everything is in it, all the past as well as all the future. What was there after all? Joy, fear, sorrow, devotion, valor, rage-who can tell? - But truth- truth stripped of its cloak of time. Let the fool gape and shudder- the man knows, and can look on without a blink. (p. 59-60)

Conrad defined all humans as having an "inner evil" or *Heart of Darkness* which is an inner struggle between good and evil. Humans struggle with their own morals and their own battle with their hidden evil. Is this a conflict that exists in everyone? Is this a universal truth of the human condition? In Rwanda, Simon had been to the edge of insanity and he didn't want to go there. What happens when one crosses over the line of insanity?

### *Turning into them*

> All of a sudden I heard the shot gun go off. I looked at my boss. I said listen, if he shot that dog I'm going to kill him. He didn't say anything. He just looked at me. Then I see these two guys walking by with a garbage bag that's got something in it. You guys are no better than the assholes that are here. You guys are looking for an excuse to kill. I thought I saw my comrades turning into these animals who lived in this war zone. It really disturbed me. I thought it was my responsibility to let these guys know that they were turning into them.

James describes an incident in Bosnia where peacekeepers crossed over the line of insanity. He recalls a little German shepherd puppy. Roving camp guards with a shot gun asked James to give them the dog. James told them he will keep the dog if they were planning to kill it. The guards told him they would let it go outside of the camp. As he was leaving the camp, the guards shot the dog. James believes that they were looking for any excuse to kill. He feels that he had a responsibility to let them know what they were turning into. The senseless killing of an innocent dog was turning them into the animals called human that lived in the war zone, randomly killing human beings and animals. War and intrastate conflicts reveal the frailty of goodness, the social order and the underling chaos that can erupt at any time. Where does it start and when does it end?

### *Chaos: From spitting out your gum to genocide*

> One night it was three years ago, we happened to arrive home at the same time. I'm pulling in the driveway. He's getting off the bus. He was going through a bad time, the teenage thing. He spits his gum on the porch. So inside I don't know what to do. I'm losing it inside because to me chaos starts with spitting your gum on the porch. Then it's genocide. There's no in between. There's no stopping it. Where are we going to end up? So I talked myself down. This is all in 3-5 seconds. I talked myself down, calmed myself. I think every parent has gone through that rebellious stage. For me there was no, there was no escalation. It went from pitching your gum to genocide. Where are we going to end up here? For me it was total panic.

Simon describes an incident that occurred back in Canada with his son who was fifteen at the time. Back home, there is potential for choas in every situation. For Simon, chaos, such as genocide, starts with spitting out your gum, with no in between. There is no stopping it. Where are we going to end up here? He starts to lose it inside and feels total panic. No control over the genocide in Rwanda means no control over any situation. A benign occurrence such as the spitting out of gum represents the beginning of the chaos of genocide. Where are we going to end up here? Where do contemporary peacekeepers end up?

In summary, why does contemporary peacekeeping feel like falling down a rabbit hole? Turning to *Alice's Adventures in Wonderland:*

Down,

down,

  down

When suddenly thump! Thump! Down she came upon a heap of sticks and dry leaves, and the fall was over (p.6). Like *Alice* falling Down the Rabbit Hole, contemporary peacekeepers are separated from their families and thrown suddenly down the rabbit hole of peacekeeping. They are taken on a journey of the unknown, with limited preparation for what they would experience and where they would live. They, like *Alice,* have to adapt to rapidly changing rules and situations. As well, their return home was also quick with limited transition. For *Alice,* there are bodily transformations and a change from the known to the unknown and back to the known, from childhood to adulthood and from innocence to wisdom (Carroll, 1865/2000). For peacekeepers there are changes from the known to the unknown and back to the known. Like *Alice*, contemporary peacekeepers tried to make sense out of the senselessness of the situations that they encountered.

In summary, this chapter endeavored to reveal the situatedness of the experience of peacekeeping and peacekeepers being in the world. Deployments required many transitions in terms of time, space and relations. The peacekeepers revealed that the military became their family, with the bonds of brotherhood tightening over time. The profound losses of brother soldiers such as by suicide and the callous response by the military left many with a sense of betrayal of "what's right" by the military leaders who held their trust. Their sense of betrayal was further deepened when the Band of Brothers that was the Airborne Regiment who served in Somalia were disbanded by their military family and the government.

Glimpses of the life world described by the peacekeepers reveal some of the ineffable unpresentable experiences of peacekeeping. The rules of engagement restricted them from responding to human suffering all around them. The sheer stamina and self discipline of standing aside, in the face of the brutalities and cruelties inflicted upon their fellow human beings, makes one wonder how this erodes at the peacekeepers. Being in the world of peacekeeping left many of the peacekeepers with existential questions about "life", "death", "being" and the searching for "meaning". Some of the unanswered questions for the peacekeepers were: What brings a mother to make that decision? (i.e. throwing away her baby). You're trying to make sense out of it. How do you make sense? What leads people to do something so utterly disgraceful? Why? Does that make somebody feel powerful? What kind of statement? There's no statement being made there. I'm thinking all these people were just left there, rotting. So what's the purpose of that? Where are we going to end up here? Contemporary peacekeepers were left with many unanswered questions and many questions remain such as: How is trauma experienced by contemporary peacekeepers? What is the experience of contemporary peacekeepers healing from trauma? Are contemporary ways of treatment helping peacekeepers to heal?

# CHAPTER FIVE: SUFFERING FROM THE TRAUMA OF PEACEKEEPING

*"Well, I'd hardly finished the first verse," said the Hatter, "when the Queen jumped up and bawled out, "He's murdering the time! Off with his head!" "...And ever since that," the Hatter went on in a mournful tone, "he won't do a thing I ask! It's always six o'clock now. "...Yes, that's it," said the Hatter with a sigh: "it's always tea-time, and we've no time to wash the things between whiles" (Carroll, 1865/1992, p104).*

In order to gain a further understanding of the experience of healing from trauma, we need to come closer to the experience of suffering as described by the participants in this study. How do the participants describe their experience of suffering from the trauma of contemporary peacekeeping? This chapter illustrates suffering from trauma which, in turn, will provide a basis from which to consider healing from the trauma of peacekeeping in a later chapter. I use literary sources in this chapter to extend our understanding of suffering from the trauma of peacekeeping.

## Disruption in the Unifying Thread of Temporality when Suffering from the Trauma of Peacekeeping

At a Mad Tea-Party, *Alice* finds the March Hare, the Hatter, and the Dormouse sitting all together at one end of a large table. They are disagreeable from the start, and Alice's conversation with them is confusing even by Wonderland standards. They contradict Alice at every turn, correcting her with confusing arguments that have their own strange logic. Much of the conversation is about time. The Hatter's watch, which only tells the day of the month, is broken. The Hatter also tells Alice that Time (which he talks about as if it were a person) stopped working for him about a month ago, when the Queen of Hearts accused the Hatter of murdering the time. Since then, it's always been six o'clock, which is why they sit at tea all the time. All the places at the table are set, because they don't have time to do the dishes. When they want a clean plate, they just move to another spot.

Like the characters in Alice, contemporary peacekeepers suffer from a murdering of time. Many of the peacekeepers described situations during their deployments and after their deployments where their sense of time was changed. Throughout the excerpts, the tenses change from present to past tense which is indicative of the theme, disruption in the unifying thread of temporality.

***Ten seconds was more like ten hours***

> At one point near the end of our task, the watch tank said 43 Alpha, 43 Bravo, someone just jumped off the back of your tank. Right away as you hear this you're thinking, okay, I didn't feel a damn thing. Now you're waiting for whatever the result of that person being up there, is going to happen.
>
> What comes to my mind is they put a bomb in the back, or a grenade or so on and so on. So you're waiting. You can't stick your head out of the hatch because then the sniper is going to get you or the guy that just jumped off the back of the tank. So we're waiting for these ten seconds, the ten seconds of not knowing. Ten seconds was more like ten hours.

James describes his perception of time during a threat of a bomb or grenade attack on their tank. Time becomes frozen. Like *Alice* at the Mad Tea-Party, the time is stuck. The breaking up of the unifying thread of temporality is a consequence of psychological trauma usually covered under the headings of dissociative disorders including dissociative identity disorder (Stolorow, Atwood, & Orange, 2002; Stolorow, 2003).

According to Merleau-Ponty:

> All consciousness is perceptual...The perceived world is the always presupposed foundation of all rationality, all value and all existence. … We must not, therefore, wonder whether we really perceive a world, we must instead say: the world is what we perceive. (1962, p. xviii)

Based on the work and the approach of phenomenological philosophers, most notably Merleau Ponty, Beere (1995) presented a perception based theory of dissociation, and defined the "perceptual background" as the experiential context for all perceptual experience. All experience is perceptual and perception integrates mind, body, world and time. The perceptual background establishes and reveals the contextual meaning for experience and is always present during non-dissociated, everyday experience (Beere, 1995).

Beere hypothesized that specific dissociative symptoms originate from the loss of or change in the perceptual background because there is a focused perception during trauma on what is frightening. The source of threat will engage perception, shifting it away from non-threatening background components which then are experienced as the dissociative reactions. According to Beere, different traumatic experiences evoke different kinds of dissociative reactions which are called depersonalization (experiencing one's mind/emotion as changed or unreal); fugue and dissociative identity disorder (experiencing one's self as losing will, continuity, or identity); disembodiment (perceiving one's body as unreal, not mine or changing size); derealization (the world as dreamlike or unreal); and detemporalization (time loss, time frozen, time slowing or time quickening). Returning to James waiting for a possible grenade attack, one can understand how his perception of time as frozen is protective during this traumatic experience while overseas. However, the alteration of time upon his return home leads to suffering as it is removes James from living his life in the present.

I will endeavor to further illuminate the loss of or change in the perceived world in particular the murdering of time experienced by contemporary peacekeepers during their deployments and upon their return to Canada. The following excerpts make us question how our hegemonic understanding of dissociation as a consequence of trauma is experienced by contemporary peacekeepers. How does the language peacekeepers use to describe their experiences help us to understand dissociation?

***I'm not seeing white because all the UN vehicles are white***

> I come home to Canada and there are no more UN vehicles. I totally blank out anything that's white on the road. When I told my doctor he went, oh my God! You're dissociating. The white vehicles, I just didn't see them – in my mind, they weren't even there. When I looked, before pulling out, there was nothing there. After "crashing" the car, I wondered where the white vehicle came from, because it hadn't been there when I looked. This happened twice – the first time, I hit a white van and the second time, and I hit a white car.
>
> There was a third time in which there was a very near miss on the road. I almost pulled out in front of a white car while making a left turn about 6 months after my second collision, when suddenly my brain registered that there was a car coming. I became aware that it was white. I hadn't been seeing any white vehicles on the road until that moment. I don't know what suddenly triggered my recognition. Until that point, I realized that my brain just wasn't registering the color white when I was driving. Once I became aware of this "phenomena", there was a lot more traffic on the road.

Mary describes her return to Canada and her experience while driving on the road. She is caught in murdered time much like *Alice* at the Mad Tea-Party. Murdered time prevents Mary from seeing white vehicles in the present time on the road in Canada. Instead, when triggered by a white vehicle on the road, Mary would perceive that the vehicle wasn't there. She is not seeing white vehicles on the road because white vehicles remind her of the white UN vehicles overseas. Blocking out white vehicles back in Canada protects Mary from returning to the suffering of the injured in the white UN vehicles. Mary who is a nurse is using the word 'dissociation' to help her to understand what is happening to her. What "triggers" Mary now to suddenly recognize white vehicles on the road?

***I literally live in Africa: Physically I'm right here, but my mind isn't***

> My whole life is a flashback. I literally live in Africa. I did three tours in Africa. I was talking to a guy two weeks ago who goes to AA meetings. I only just met this fellow, but I was talking to him because I guess he's deep into this AA stuff. He had a general understanding. I was telling him how I feel and trying to describe exactly because he knows my situation. I told him that for myself that basically my reality is that I live in Rwanda. I live; my mind is in well not Rwanda, but in Africa. You know physically I'm right here, but my mind isn't. So I try to do things here and I can't because my mind's not here. You're half assed doing it because you're not here. I'm only really just realizing this, because half the time I'm thinking about, or I'm actually reliving something that we did in Somalia or Rwanda.

Tim describes his perception of time as a repetition or a reliving of his past time in Africa when back in Canada. He knows that he is physically here in Canada but his mind and sense of time remain in Africa. For Tim, his disruption in temporality makes him feel split into two places at the same time. Experiences of trauma become freeze-framed into an eternal present in which one remains forever trapped, and all duration or stretching along collapses, past becomes present and future loses all meaning other than endless repetition (Stolorow, 2003). In this sense, it is trauma and suffering from the trauma that is timeless. For Tim, suffering from trauma is living in past time with his mind back in Africa while bodily living in Canada in present time.

***The seconds stuck like hours and part of me stayed over there***

> You have to get used to everything and anything, plus you get shelled on, or shot at. Once you hit the mid tour, the 3rd and the 4th month it starts to be pretty long. The routine kicks in. We had a small gym and I could go to the gym. I would predict when it would be less stressful or less chance of something happening. At the same time you always have to be ready and be sure that if something happens you go right away. It was pretty long and the seconds stuck like hours. The last

> month and a half was the longest for me and the most stressful because my mindset switched to thinking you're going back home.
>
> What I feel about that is a part of me stayed over there. I think there's even less fear of everything. My fear of dying is even less. If someone would walk up to me and put a pistol and want to shoot me; my words for them would be, don't miss me because I won't miss you. So I have no fear against that. I know that I'll be sarcastic in these situations. If I'm in a situation and I'm too sarcastic or too stupid because I don't fear anything. If I have to die there I'll die there. If I don't, I won't.

Paul describes his perception of time while serving in the former Yugoslavia as time slowing. His experience of trauma in the former Yugoslavia shatters the unity of temporality. Time has become frozen in the present time back home. The past has become the present where he feels and reacts as if he or part of himself stayed over there.

According to Heidegger (1927/1962) the horizons of past, present, and future each "standout" from a primordial whole in which all three are indissolubly united and thus, "the future and having been are united in the present" (p.449) and each is always linked to the other two. This unity of temporality means that every lived experience is always in all three dimensions of time and by virtue of this three- dimensionality, our experience of being "stretches along between birth and death" (p.425). It is this stretching along that makes our existence fundamentally historical and thus meaningful. As described by the peacekeepers, their unity of temporality is disrupted as a consequence of trauma. It is this sense of stretching along between past and present that is devastatingly disturbed by the experience of psychological trauma (Stolorow, 2003). For Paul, suffering from trauma is a disruption in temporality whereby he approaches situations like he did when serving in the former Yugoslavia. Paul's disruption in time causes him to remain in a peacekeeper role reacting to situations and people at home with less fear of everything including death.

***Trauma is timeless repetition***

> We were going by a particular crest on a back road on the base in Petawawa. The driver crowded the shoulder of the road. We were in a six wheel cougar, which is an armored vehicle with a turret on the top. It went over so fast I couldn't get in fast enough; it went completely over onto the turf in the blink of an eye. The results were that my head got shoved into the ground with the weight of the vehicle and me.
>
> It was a typical day of driving around the country in Bosnia. We came off a mountain onto a gravel road. It looked very familiar like a typical southwestern Ontario country road. We came up over this crest and it was slushy and snowy. The driver could feel the vehicle being pulled to the left. He over compensated and steered to the right until the tires finally caught. It was without a doubt a mirror image of the exact roll over of the first accident minus the fact that we didn't go completely over. We got held up on the edge of the road. I just couldn't believe it. The screaming motor, the tilt of the vehicle, the direction, the angle, everything was exactly the same as the first accident. Then we finally came to a halt. It was a timeless repetition of the vehicle accident in Canada.

Luke describes a vehicle accident in Canada during predeployment and a subsequent accident that occurred in the former Yugoslavia. Although each accident occurs in a different place and time, for Luke the trauma of an accident from the past becomes a timeless repetition and thus is repeated exactly the same in the present time and place while on deployment. Time is murdered and thus becomes repetitive and timeless. Therefore, any future accidents for Luke will be the same as the past accidents because his suffering includes timeless repetition of previous accidents.

The following literary source helps to deepen our understanding of how trauma changes the perception of time. In the World War I book titled *Birdsong* (1994) Sebastian Faulks writes about how time seems to slow down and then freezes at moments of extreme trauma. The perception of time changes in order to deal with the crude form of death that awaits the soldiers serving on the front lines.

> Then when the moment came it brought a sudden fear and unreality. They could never be prepared to look at death in the crude form that awaited them. Stephen

> felt, as he had done before at moments of extreme tension, a dislocation in his sense of time. It seemed to stutter, then freeze. (p. 350)

***There's a loss of time***

> I'd snap out of it three hours later walking down Yonge Street, lost. Well I knew where I was, but I was wondering how I got there. A bit like driving and then you park in your driveway and say, I don't remember. So there's a loss of time. My flashbacks weren't I'm back in Africa. I don't think apart from the nightmares, and maybe a couple of times where for a fraction of a second I was brought back there, and not for hours, not for minutes, a very, short period of time. I don't think I've ever experienced a flashback in the true sense that it hits you and all of a sudden you're back in the jungle. No, I've kind of got transported there but right back. It's like I have these arguments in my head to stay grounded in the present and to talk myself out of it.

Simon describes his perception of the loss of time when a black man on the subway stares him down. For Simon, suffering from trauma involves a momentary disruption in time when a black person reminds him of a traumatic experience in Rwanda. He remembers receiving death threats the last three weeks in Rwanda from members of the militia. His disruption in time involves a misperception that a black man in Canada is a black man from Rwanda and questions is he following me? Simon describes his experience where for a fraction of a second he perceives himself as transported back in time to the jungle of Rwanda. Unlike Tim, Simon does not perceive time as lived continually in Africa. Simon still experiences a brief loss of time but is able to bring himself back or to stay 'grounded' back to the present time. 'Grounding' is a therapy term whereby a client is taught to identify their surroundings through the five senses to prevent them or bring them back from a dissociative episode. Simon has been taught to stay grounded which he shows in this description. You can see here with Simon as well as Mary that during treatment these two peacekeepers take on the language of their therapists. This begs the question: Does using the language of treatment help the peacekeepers to heal from their disruption in time or does it take them away from fully describing and ultimately understanding their experience?

In *Birdsong,* Faulks (1994) describes the flashbacks experienced by the main character Stephen while at home on leave in England that transport him back in time to the trench war in Europe.

> Eventually he fell into a half- waking state, like the one he had found on the train, in which brilliantly illuminated scenes from the last two or three years occurred at random in his mind. Incidents and men he had forgotten recurred with vivid immediacy, and then were gone. He tried to pull himself back from the lurid sequence of memories. He kept seeing Douglas falling off the stretcher on the slippery floor of the trench as a shell landed; he could hear the lifeless thump of his passive body. A man he had forgotten, called Stud, came back to his mind, his helmet blown back and his scalp raked by machine gun bullets as he bent to help another man who had fallen. ...It seemed to him extraordinary that he should be feeling the shock now, when he was safe in a tranquil English village. (p. 361-362)

Although he is safe at home, Stephen cannot escape the memories of the traumatic events that occurred overseas on the front lines. Like the contemporary peacekeepers, he is thrown back in time to re-live his traumatic experiences overseas over and over again.

***Time: I don't remember***

> Later on that day we were going through a town in Bosnia. I don't know if it's Mother Nature or what, but there's two times I came across massacre spots and I don't remember seeing it. I remember seeing everything that builds up to it. I remember seeing luggage blown up, blown up houses. I'm looking right at the person. The person beside me is describing a burnt body. I still can't remember it.
>
> So I went to Rwanda. There's four months gone by in neutral. I don't remember them. I don't remember it. I remember just working, leaving the camp from time to time.

John describes the effect of traumatic experiences in the former Yugoslavia and in Rwanda where loss of time becomes loss of memory. He remembers objects and conversations with other soldier peacekeepers leading up to the traumatic events but he doesn't remember actually witnessing these events. He wonders is it Mother Nature protecting him from this horror? Literature tells us that dissociation can be defined as an alteration in the unity of experience such that "I", mind, body, world, or time is not integrated into the background (Beere, 1995). There is a disruption or a disunity of time and thus the traumatic events are not remembered. In John's words, it is Mother Nature that protects him from experiencing the emotional impact of the traumatic experience.

The following literary source deepens our understanding of the different types of disruptions in the unifying thread of temporality when suffering from trauma. In *Birdsong*, Faulks (1994) describes time-stopping, time-speeding up, time slowing and time freeze-framed experienced by the main character Stephen during World War I.

> As Stephen listened to the sound of men beginning to move off, he looked down at his feet, where the scuffed riding boots were taking him forward. At that moment, as they left the village and its trappings of normality, time seemed to stall and collapse. The passage of the next three days passed in the closing of an eye; yet the images retained a fearful static quality and stayed in the mind until death. (p.217)

Because trauma so profoundly alters the universal or shared structure of temporality, the traumatized person, quite literally, lives in another kind of reality; an experiential world incommensurable with those of others (Stolorow, 2003). This felt incommensurability, in turn, contributes to the sense of alienation and estrangement from other human beings that typically haunts the traumatized person. Torn from the communal fabric of being- in- time, trauma remains insulated from human dialogue (Stolorow, Atwood, & Orange, 2002).

For John, trauma leads to disruptions in time and memories of the traumatic events. Suffering from trauma back home involves triggers of traumatic events which disrupt him from remembering time and memories lived in the present in Canada. We return to Simon to further our understanding of the disruption in time which in turn leads to alienation and estrangement from his family upon his return home.

### *Running out of time: I need to hide that*

> I want to get those damn muskoka chairs done because I think I'm going to die. I know it's not rational. I'll end up in the garage working on those chairs. If something goes wrong, I panic because I'm going to miss the deadline, which I don't have. I'm always, always, always running out of time.
>
> I don't panic. I'm not an A type. I'm very calm, deliberate about what I do, but inside I'm like a duck. A duck above surface is very calm and collected, but those legs are certainly flipping under water. I think that's what changed the most. I find that to live nowadays a quasinormal life, I need to hide that. I don't want to scare the people around me. I don't want to scare my kids. I don't want to scare my wife.

Simon describes his perception of time as running out. He is in a rush to finish projects at home in case he dies. Simon elaborates that he is not suicidal but feels he has to finish projects because he is running out of time. For Simon, the disruption in the unifying thread of temporality is what has changed the most as a result of his traumatic experiences overseas. The trauma of witnessing death and injury on a massive scale has changed his sense of time. For Simon, time is running out and therefore, his life is short lived. Death is imminent. Simon explains that his wife doesn't know, and questions why he is so obsessed. Why are you in a rush all the time? He feels he must hide his perception of time and trauma from his wife and children in order not to scare them. In this sense, trauma and time become unspoken and abandoned from conversation, which can lead to feelings of alienation and estrangement for contemporary peacekeepers returning home. In the following excerpt, Simon deepens our understanding of time running out.

***Trauma speeds up the process of getting old***

> I think when soldiers go through this kind of crap it accelerates the process of getting old. It burns that channel fast. You live through too many experiences too quick and go psst, physically and mentally. I have physical problems now that they've concluded is caused by the stress and the trauma even on the physical side. I was in a clinic to go through tests two years ago, with 90 year old men. I'm thinking they're all looking at me thinking, you're too young to be here. It's a urology problem. Everybody in the waiting room is like 90 years old.
>
> That's when the candle analogy really came back to me. I said it's like it by-passed; I went from a 26-year-old to a 90-year-old. I'm always angry. I don't want to see anybody. I have these fucking physical problems that 90 year olds have. I'm thinking where did my life go? I'm the body of a 40-year-old. It's frustrating. Why do I get up 20 times a night to go to the wash room? I thought that happened at 80 years old.

While on deployments, peacekeepers confront the deaths of others and the possibility of their own death on a daily basis. For peacekeepers who witness multiple experiences of trauma, Simon believes the aging process accelerates. Suffering from trauma is a disruption in temporality that Simon describes as analogous to a candle burning over time very quickly, running out of wick and dying. It seems that the disruption in temporality from the trauma of peacekeeping has suddenly aged Simon. For him, one of the most dramatic changes has been the burning out of over 90% of his life. Psychological trauma affects the physical body (van der Kolk, 1994). Like a candle burning too quickly, the body ages quickly carrying the burden of the traumatic experiences. Simon elaborates by comparing the trauma of contemporary peacekeeping to, what he believes to be, one of the worst traumas. He doesn't know what it feels like to experience the trauma of rape and other types of childhood sexual abuse. However, he believes that childhood sexual abuse steals away childhood. For the rest of their lives, it ruins the mystery of sexual relations. In both types of trauma, there is a disruption in temporality and innocence that completely ruins the live of those affected.

In *All Quiet on the Western Front,* Remarque (1898/1962) describes the acceleration of aging felt by the young soldiers fighting in the trenches during World War I:

> Yes, that's the way they think, these hundred thousand Kantoreks! Iron Youth! Youth! We are none of us more than twenty years old. But young? That is long ago. We are old folk. (p.18)

The verbalizations by Simon i.e. "I think I'm going to die" and Paul i.e. "no fear of dying" as well as "I died over there", "I'm dead inside" and "I feel like I'm dying" are common utterances of the veterans I have seen in my practice. Most have viewed themselves as already dead at some point in their deployments, often after a close friend was killed. The sense of being already dead may contribute to the veterans' complete loss of fear.

This moves us into another discussion about suffering from the trauma of peacekeeping. How does the disruption in the unifying thread of temporality help us to understand their experience when they say: "They were emotionally detached and out of their body"? Can we ever be out of our body? According to Shay (1994), the loss of fear may also be the prototype of the loss of all emotion that defines, for combat/military PTSD, the prolonged states of emotional numbness. Emotional numbness is the inability to feel love or happiness or to believe that anything matters. This involves an emotional detachment from the body which is indicative of the theme, the centrality of the body in suffering from trauma.

## The Centrality of the Body in Suffering from Trauma

*"And what of the witnesses- what drove us? Had the scenes we'd waded through frayed our humanity, turned us into the numbed- out machines too? Where did we find our motivation to keep going on? Keep on going is what we had to do" (Dallaire, 2003, p.456).*

Above, Dallaire (2003) describes the emotional numbing-out experienced by contemporary peacekeepers while on deployments. Trauma is profoundly disruptive, emotionally. Traumatized persons may try to distance the emotional component of a traumatic memory by a type of dissociative reaction called "depersonalization", which may be experienced as a sense of emotional numbness (Beere, 1995). Depersonalization pertains to unacceptable thoughts or emotions. Depersonalization can appear as taking an objective, third-person perspective, where you 'go to the balcony' and look down on the situation in order to remove emotion from your perspective (Beere, 1995). This is sometimes called "dissociation of affect" or emotional detachment from the body. Dissociating from the painful emotion includes "numbing out" all emotion, and the person may seem emotionally flat, preoccupied or distant.

Many of the peacekeepers described suffering from emotional numbing or "dissociation of affect" both during and after their deployments. What does emotional numbing or "dissociation of affect" mean? How do the peacekeepers describe emotional numbing "dissociation of affect"?

### *It's almost like eyeing yourself from the outside*

> All of a sudden I heard the shot gun go off. It's almost like eyeing yourself from the outside. I remember cocking my weapon and jumping off my vehicle and starting to run towards this sergeant and being tackled by my boss.

James describes his reaction again when a sergeant who was one of the camp guards shot a German shepherd dog. During our coversation, James talked about his close personal relationships with stray dogs in the camp. He described the ability to feel his emotions towards them. During a traumatic incident, when one of the dogs is shot, James perceives a third-person perspective eyeing himself from outside his body. In order to remove or numb his emotional response, James remembers his actions but is unable to remember his emotional response to the killing of the dog by the camp guard. Emotional detachment allows soldier peacekeepers to continue to perform the duties of peacekeeping in the face of multiple traumas.

In *All Quiet on the Western Front*, Remarque (1898/1962) views this emotional disconnection as the only way for the soldiers to survive the horrors of the war. The Front is the line between the German army and their French, English, and American enemies. However, the Front is not simply an area, but the embodiment of dehumanizing horror. The only way for soldiers to survive is to disconnect themselves from their feelings, suppressing their emotions and accepting the conditions of their lives. It was these emotions that made the soldiers human. Because of the cruel horror and the reality of war, and to survive, the soldiers were forced to become inhuman. They were forced to bury their emotions, their humanity, and their faith. If they did not suppress their emotions, the war would be too painful for them to survive. The war had taught them in order to survive; they had to become soldiers, no longer human beings. The only reason a soldier manages to survive in the trenches is because he is “indifferent and often hopeless” (p.187). The appalling slaughter that is the soldier’s everyday companion results in the “annihilation of all human feeling” (p. 196). For James, the slaughter of stray dogs annihilates him or detaches him from his feelings in order to endure the trauma of peacekeeping. Is this the case with the other contemporary peacekeepers serving overseas? In the words of Dallaire (2003), "Had the scenes we'd waded through frayed our humanity, turned us into the numbed- out machines too?" (p. 456).

### *Totally numb to it*

> By this point I had become so hardened from all the harshness around me. All the death, I was numb to it, totally numb to it. Even at the point where if I had been shot at or if we had grenades explode around us, it was just my shoulders tensing. You moved on if you were able to walk.
>
> In Rwanda, it wasn't anything to run past bodies or corpses in the ditch. You sucked it up. I was pretty disconnected from what was going on around me.

John describes his emotional numbing while serving in the former Yugoslavia and in Rwanda. Similar to the soldiers in *All Quiet on the Western Front* (1898/1962), John numbs out and disconnects himself from his feelings. During multiple deployments, the participants spoke about the necessity of becoming a numbed- out machine detached from emotions in order to survive the human carnage all around them. Like James, it would be too difficult for John to deal with these traumatic experiences while still carrying on his peacekeeping duties.

### *It didn't feel real: I left my body*

> What things didn't feel real to me? The example that comes most readily to mind is when we had a patient who was vented and totally "paralyzed". We were under threat of mortar attack. We couldn't accommodate this patient in the bunker (where everyone was heading for safety). After some discussion with the anesthetist, it was decided that I would remain with the patient. As I was preparing to give the patient more morphine, I remember thinking "this can't possibly be real". I was standing next to an ICU patient, with a syringe of morphine in my hand, dressed in a frag vest, helmet and a rifle slung over my shoulder, with 150 rounds of live ammunition in my pockets. I felt like I "left my body" and was watching from nearby. The sensation of not being totally in my body lasted for months, I think, and I'm not sure when I "re-connected". I still "disconnect" at times.

Mary describes how events overseas didn't "feel" real to her. She elaborates by comparing this experience to watching a clip of mortars falling on Sarajevo on TV. A viewer knows it's real but can't "feel" it/identify with it (unless they have personally experienced something similar) because they're not actually experiencing the mortar attack.

Mary describes one experience that didn't "feel" real and "this can't possibly be happening". When caring for a patient who starts to "crash"; for a split second things become "surreal" for her. Like watching the news on TV where one can't "feel" the event, Mary describes "leaving her body" in order to survive the emotional impact of caring for this patient and the possible physical harm from a mortar attack. Like James, she perceives herself from a third eye view nearby. When listening to the peacekeepers describing their suffering, I wonder if the words "numbed out, disconnected and out of the body" gives them a different way to understand and deal with their traumatic experiences?

Literary sources further illuminate the perceptions of bodily detachment when soldiers face life and death situations. In *Birdsong* by Faulks (1994) the main character Stephen describes an experience in which his perceives himself as floating above his body:

> His feet pressed onwards gingerly over the broken ground. After 20 or 30 yards there came a feeling that he was floating above his body that it had taken on an automatic life of its own over which he had no power. It was as though he became detached, in a dream, from the metal air through which his flesh was walking. In this trance there was a kind of relief, something close to hilarity. (p.226)

In order to protect the self from physical as well as emotional trauma, the soldier perceives himself as floating above his body in a trance-like state. Thus, the soldier feels a kind of relief close to hilarity in this situation of imminent death.

### *I'm living it all in my head to keep the feelings out*

> The military gave me lots of reasons to keep feelings out. You got to do the job for six months, suck it up. You want troops to be psychologically hard because that's one of the things that help people with all the things that humans will do such as a baby or an old person dying. Each one will take you to a different place in your mind. And yet, you need to be present at each of them and have the hardness that says no, I need to deal with this as a professional for now. A couple shots of scotch, have a cigar, well you hold yourself together. Who cares if you're afraid of the Serbs? You do what you're supposed to do. I think that you do need to separate mind and body or you will not survive.

Matt describes keeping his feelings out in order to carry on his peacekeeping duties. He goes on to explain his ability to intellectualize everything that causes him trauma. Matt continues to live everything in his head. There is a loss or detachment of feelings and of memory for certain aspects of the traumatic experiences. He recalls absolutely different experiences from those around him. Although Matt thinks he is very aware or hyperaware of his surroundings, others observe people that he doesn't recall. Other soldier peacekeepers observe Matt as being very calm and doing the right thing. Matt explains that the military trains soldiers to be hard and to keep the feelings out in order to do their job. The hardness and detached feelings are necessary in order to deal with the massive slaughter of human beings all around them. What happens to the feelings and the emotional impact after the experience is over? Do the peacekeepers stay 'numbed-out' afterwards and upon their return home? Do they live in their heads? Modern treatment tries to get them to live in their bodies but healing seems so unreachable. Have they ever left their bodies? Or are they living the traumatic memories in their bodies? Is the body re-living the event at that point in time? Ultimately, does the body take them to their experiences?

### *You can't deal with it. You just shut it down and go*

> We had three vehicles and six body bags per truck. It's like a four hour drive back out of the mountains to the city. You stack three human beings on top of each other. Normally, dead bodies stack maybe 4 ½, 5 feet high, these ones weren't any more than 2 feet. A body bag is great to keep all the pieces together. You still have that smell. We put the bodies in the morgue, and then went home and had a beer. There was a little bit of debriefing. Some of the guys had to actually physically exhume human brains. As a Canadian should I know what a human brain looks like after it's been in the ground for 3 ½ months? No. Its unnatural. We were standing right then and digging. You just happen to clip his skull. So you know you're trying to clean up these messes as best as possible and carry on.

Peter describes a horrific traumatic experience on his deployment to the former Yugoslavia. He explains that Canadian soldier peacekeepers had to exhume bodies of Bosnian and Serbian soldiers who had been lying in the fields for months. They find flat uniforms with bones and goop. Some bodies are semi buried and therefore, preserved and semi-preserved. No heads are found. The smell of dead human beings is never forgotten. Obviously, it is an unsavory situation for Canadian soldiers especially to exhume fellow soldiers who have been treated in such an inhumane way. How could a soldier peacekeeper ever prepare for such a horrific experience? At this point, they don't have time to deal with the emotional impact of this horror. While Peter and other peacekeepers describe shutting down their emotions is this really possible to shut down what we experience with our bodies? They say emotions and feelings are shut down in order to do the job well and to be done quickly. How do they deal with these horrific experiences time after time on these deployments?

### *I'm almost used to it now: I'm numb to it now*

> There weren't a lot of bad experiences. You were confronted with the children and the obvious poverty and stuff again. By this time now, its all just flashback now. I mean I'm almost used to it now. I'm numb to it now.

Tim describes what happens to him during and after multiple deployments overseas. By minimizing the trauma through numbing out his feelings and emotions, Tim becomes almost used to the experiences of suffering children and poverty. Does he ever really become use to these experiences by numbing out or shutting off his emotions? Tim describes the numbing of feelings and emotions so common to contemporary peacekeepers confronted with experiences of trauma overseas. Are they really emotionally numbing out? Phenomenologically, we know the lived body records everything.

***Suppressing feelings not giving them their due: Like swallowing poison***

> If the vehicle tipped a little bit it would cause me grief. I suppressed all of it. I sucked it up. I pushed down everything. You can imagine, day after day of doing that because you're subjected to the same kinds of things every day. The conditions in the training were the same as getting ready for the action. I thought that I could probably get over it in time. I was suppressing emotions that need to be worked on. I'm suppressing feelings not giving them their due which is like swallowing poison.

Luke describes the suppressing or numbing of his emotions after two tank accidents that occurred while training in Canada and on deployment in the former Yugoslavia. After the accidents, Luke remembers feeling uncomfortable in vehicles near ditches and water along the sides of the road at night with the lights out. He does not blame either the military or himself. As Luke explains soldiers are trained to suppress their emotions and to keep doing their duties despite traumatic incidences. For Luke, suppressing feelings and emotions is like swallowing poison. What happens when someone swallows poison day after day? Is Luke telling us that suppressing feelings and emotions is like a slow death? Swallowing poison kills us.

***I couldn't feel my feet touching the ground***

> Back home, it got to the point where I couldn't feel my feet touching the ground. I have no doubt that it's related to my deployment, but I don't know if it has anything to do with the minefield incident. I had believed that it's just one of the symptoms that I personally experience when I'm dissociating. It does still happen

> occasionally. It's an odd feeling – there is no sensation in my lower limbs. I am still aware of walking and moving in a forward direction. I have actually looked down to see if my feet were touching the ground.

An incident in a minefield where she almost lost both of her legs follows Mary home. In order to deal with this traumatic experience, Mary perceives her lower limbs as disconnected or detached from the rest of her body. For *Alice;* one of her bodily transformations caused her to open up like a telescope which resulted in her feet being far off. She questioned that "perhaps they won't walk the way I want to go!" (p.16). Like Alice, Mary has a bodily transformation whereby she perceives a disconnection or depersonalization from her lower limbs especially her feet. For Alice, her bodily shifts in size and inquiries into her own identity reflect the difficulties of growing up. Alice finds her body thrown back and forth between two extremes of size. Alice's size changes also bring about a change in perspective, and she sees the world from a very different view. The game in Wonderland is change and transformation, and the key is adaptability (Carroll, 1865/2000).

For contemporary peacekeepers like Mary, their experience with trauma brings about a change in their perception of the world and themselves. They also undergo change and transformation during and after their peacekeeping deployments. Many peacekeepers want to come back to 'normal', but like *Alice* they can't 'will it'. The alterations in their perceptions of emotional and physical detachment from their bodies follow them home. They have to live and carry the trauma in their bodies for awhile.

### *Emotional numbing is "normal" for me*

> I don't recall if there were any "physical" symptoms associated with these occurrences. I think that when I dissociate, my eyes become glazed, my body

> generally feels numb, and I don't feel "real". Emotional numbing is "normal" for me. I recognize anger and sadness, but don't generally "trust" anything else.

Back home in Canada, Mary describes her perception of disembodiment and "dissociation of affect" or emotional detachment. Emotional numbing has become "normal" for Mary. Only anger and sadness are recognized and trusted. As with other peacekeepers, these alterations in perceptions have protected Mary from the emotional impact of the traumatic experiences overseas. However, upon their return home, emotional and bodily detachment prevents the person from functioning effectively in the world or to be at peace inside themselves (Stolorow, Atwood, & Orange, 2002). These alterations in perception can make the person painfully uncomfortable (Stolorow, 2003). They are unable to either express or feel any emotion or are limited to anger and sadness. These same alterations in perception that enabled them to survive the trauma become obstacles at home. We turn to a literary source to further our understanding of how these alterations in perception that protected them overseas become obstacles at home.

> He didn't know how he felt. ...Charles kept waiting for something to happen, for his heart to open up, for tears to come, for the stone that sat somewhere between his shoulders to fall away. At one point he even used those words, and as he said them, "I want this stone to fall away," he was aware of how simple he sounded. Even so, nothing happened. (p.40)

In *The Time in Between* by Bergen (2005) the main character Charles Boatman describes the inability to feel which has plagued him since serving as an American soldier in the Viet Nam war. One can sense the isolation and loneliness in this passage, of the soldier's inability to feel anything upon his return home. The emotional detachment and numbness becomes an obstacle towards feeling and expressing all the emotions. What happens to the peacekeepers who say they cannot feel once they return to civilian life?

### *In civilian life, you really do have to have feelings*

> In the military they train you to not have feelings and to detach to do your job. I have to try to adapt to civilian life where you really do have to have feelings in order to have friends and to have relationships and to be with people. Otherwise you're just going to be very lonely and lead a very lonely life.
>
> I don't feel I have those feelings yet. I couldn't, didn't feel anything at my grandfather's funeral. No sadness, no nothing. I just went there out of respect for my father. The only emotion I really have is anger and then the only other, it's not really an emotion, but depression. I don't even know what happy is, or what sad is; so basically just anger and depression.

Peter describes the difficulty of his perception of emotional detachment or numbing out at home as a civilian. At what cost does the military train their soldiers not to have feelings? Can you ever train anyone not to have feelings? What is the cost? In civilian life, it is necessary to have feelings in order to have relationships with people. Peter's perception of emotional detachment has become an obstacle back home to connecting to people. He perceives an inability to feel anything at his grandfather's funeral. He feels his emotions are limited to anger and depression. How is Peter able to relate to his friends and family with only anger and depression to convey his feelings? Peter feels that he is unable to recognize happy or sad. What is the long term price of perceiving a detachment of feelings and emotions? According to Peter, it leads to a very lonely life back home. How do they remember all of their feelings and emotions necessary to live a civilian life?

### *The often cold emotions: To dissociate the emotions, the feelings*

> The one thing that I remember is the often cold emotions. I knew I needed some help. Dissociate the emotions, the feelings, everything else that could be an affective part of an experience with the events. It's not a very easy thing to separate out the affect.

Thomas describes his perception of dissociating or detaching his emotions and feelings upon his return home to Canada. He describes "cold" emotions which propels him to seek help. According to Thomas, it is difficult to separate out the affective part of experiences especially when back in civilian life. Does the difficulty living a civilian life with the perception that one is devoid of emotions or living with limited emotions propel the other contemporary peacekeepers to seek help?

### *It burnt all of those emotions*

> I wasn't happy or glad or mad. I didn't have any emotions. I couldn't care less. I guess it was the first step to starting treatment. The way I describe it to myself is it's a candle. I feel like a candle. I feel like we live our lives like a candle burns. I have no resilience left. I can't deal with stress any more. I get angry. I feel that it erodes all of your normal emotions. I think that I'm left now with three emotions: mad, sad, and glad. To me there's a huge difference between being capable of being happy because your son did well in school, and being simply glad about it. I don't know what happy is any more. It's like it burnt all of those emotions that we are born with and capable of experiencing. Of course everybody focuses on addictions and sex drive. Sex is okay, one emotion, and one thing that you can go through, but there's a whole range of emotions that dissipated, that were eradicated through this illness or this injury. I think that is the biggest change.

According to Simon, the trauma of Rwanda has eroded all of his "normal" emotions like a candle that that burns too quickly. Even after treatment, Simon feels only three emotions which limit his ability to enjoy civilian life with his family. Simon is unable to experience the whole range of emotions because of his traumatic experiences overseas. Will he ever be able to experience the full range of emotions again? For Simon, this is the biggest change which propels him to start treatment.

The intent of this chapter was to show the experience of peacekeepers suffering from the trauma of peacekeeping. The disruption in the unifying thread of temporality and the centrality of the body in suffering was revealed by the peacekeepers.

What was the response of the military to these soldiers seeking help? What was the experience of 'coming out'? Was asking for help a 'career ender' for all of the peacekeepers?

# CHAPTER SIX: THE MILITARY RESPONSE: TRAUMA FROM WITHIN

*"She had never before seen a rabbit with either a waistcoat-pocket, or a watch to take out of it, and burning with curiosity, she ran across the field after it, and fortunately was just in time to see it pop down a large rabbit-hole under the hedge. In another moment down went Alice after it, never once considering how in the world she was to get out again" (Carroll, 1865/1992, p. 2-3).*

*Alice* escapes from the rabbit hole by waking up from her dream. She finds herself lying on the bank with her head in the lap of her sister. Her presence lets us know that Alice is once again in the real world, in the comfort of home and family. She tells her sister all of these strange Adventures that she had in her "curious dream" (p. 198). Her sister tells *Alice* to run in for her tea. As she runs off, *Alice* thinks "what a wonderful dream it had been" (p.189). What happens to the peacekeepers when they wake up from their nightmare of horrors Down the Rabbit Hole during and after their deployments overseas? What happens when they like *Alice* return to their family? What happens when they ask their military family for help to heal from the trauma of their peacekeeping experiences? This leads to a discussion of the theme: Release from the Military: Down the Rabbit Hole. I have chosen to structure the discussion of the theme first with the words of the peacekeepers followed by a clarification of the abbreviations and then a discussion of their situations. I start with Matt's release from the military and then the other participants.

## Release from the Military: Down the Rabbit Hole

> I shouldn't have been surprised when I got to the military. The mental health people and the leadership at the military are given the language. They used all the language of mental health and in hindsight none of the practice. Sadly they build expectations. They tell people you will be cared for. We have strong leadership and the best health care in Canada. We are here for you until they diagnose, or see the diagnosis, that's not favorable to military service. All around you, it's we're

> here to help. Well I need help. Go away; sit at home until we call you.
> The message is shame. In the military context, it's the doctor that informs the military that the member is sick which starts your release process that spirals down, down that chute, down the rabbit hole. Like Alice in Wonderland, the military send them down the rabbit hole. You're sort of half way down the rabbit hole when you realize, I'm all by myself. There is nobody here with me. And then you're flushed out and that's it.

Upon his return home, Matt describes what happens when he asks the military for help with his traumatic experiences. Matt goes on to explain that for some it worked well depending on timing, personalities, the person's own sense of their disease and good leaders. Although the message is given that good leaders are the rule, in actuality they are the exception to the rule. Matt describes the dichotomy between the language of both the military leadership and the military mental health professionals and what actually happens in practice. The real message from the military family is one of shame once the diagnosis is made. Contrary to the military assurances that they will be cared for, peacekeepers with trauma like Matt are released from the Canadian Armed Forces. Like *Alice's Adventures in Wonderland,* Matt describes his release from the military as going back

Down,
down,

        down

that chute. "Down the Rabbit Hole" again with no one there to help him. During his release from the military, Matt is suffering from Post Traumatic Stress Disorder (PTSD). Like other peacekeepers with PTSD and other problems, such as alcohol abuse, Matt has to wait for two to three years to get medical help. As Matt explains it takes up to three years as like Alice, there are many hurdles, jumps and dances for him to go through prior to obtaining medical help and his release, with a medical pension. Matt's experience of being released from the military family is a theme that represents the reaction of the military to many of the other peacekeepers suffering from trauma. Although his story is not unique, Matt's evocative description of his perilous journey back down the Rabbit Hole through the release process invites us to explore his experience in its entirety.

### *Shunned: The family doesn't want you any more*

> The family doesn't want you any more. You are an embarrassment to the family. You become like the funny uncle in the attic. They shun you after all these years of service. In particular, I would not have said this about peacetime soldiering because I think it has a different dimension, but peacemaking operations and peacekeeping, those add an unlimited liability for causing trauma. It's nice to say in Canada if my country asks me to die for them I will, until of course someone is shooting at you. Then it takes on a whole different dimension.
>
> It's like we can talk AIDS protocols in hospitals, but until you deal with an AIDS patient, then the protocol becomes something more than that poster on the wall that tells me what to do. Now it's a living breathing person. And now it's a different face, so I think that having served overseas on multiple deployments, then being told, we're kicking you out, you think, wow.

Matt describes the process of release from his military family. He goes on to describe his office which contains all of the mementos of the places and people in his military career. Each artifact carries the weight of the memories of where it has been who gave it to him, where he has been with it, why it's there, what it means and what it's suppose to invoke. All these symbols of belonging and service to this family, including his uniform, have to be removed. He realizes that despite the trauma of putting his life on the line, especially in peacemaking and peacekeeping operations, his military family doesn't want him anymore. Matt's diagnosis of PTSD is an embarrassment to the military family. Although they have protocols, the military shuns those suffering with psychological trauma which is similar to the stigma attached to those suffering with Autoimmune Deficiency Syndrome (AIDS). Those contemporary peacekeepers diagnosed with an Operational Stress Injury (OSI) are discarded down the rabbit hole again and released from their military family into the civilian world. What is this experience like for Matt to be released after serving for twenty one years in the military family?

### *It's like saying ignore your family: It will never be integrated until there's closure*

> You look at a lifetime and then for them to say well just forget or well just ignore the military. You can say "oh yea, I will just block out that 21 year period of my life." It's like saying ignore your family. That's like forgetting about an arm or a leg. No, no, no, I've got to integrate this experience. It will never be integrated until there's closure. I've got to stop the bleeding first. The closure is pretty minimal. Is there any closure to that military family? No, no. The very fact that you have a trauma isn't because you went to Wendy's on a Thursday night and you watched a car accident. It's all these things that were on my chest. People said oh he must be so lucky. I say you know what. No. There's a price you pay for this stuff. There's a cost. No, it's because you put on a uniform and were sent to some God forsaken country that you never knew even existed, and for what? For a nation that really doesn't give two God dams anyway. That's okay, I suppose. I mean you didn't expect them to care really.

Matt goes on to describe the experience of returning home with all of his plaques, photo albums, tattoos on his body, medals and all the other reminders of his twenty one years of service in the military family. He can not ignore or forget his military family. How could anyone ignore or forget their family of twenty one years? He equates the attachment to the military family to the attachment of an arm or leg to his body. Even if the arm or leg were severed, the bleeding would have to be stopped in order to have some closure for this loss. But Matt continues to bleed. Matt feels in order to integrate his military experience there needs to be closure. What is closure? For Matt, there needs to be recognition that trauma is the price paid for all of his plaques, tattoos and medals because of his military service overseas. At what cost? The cost is psychological trauma. Why shouldn't Matt expect the nation to care? His trauma is hidden from the view of the population unlike the loss of an arm or a leg. Shouldn't the nation care about these peacekeepers who are suffering from psychological trauma? At the very least, shouldn't their military family care?

### *You're broken: You're in the land of unloved toys*

> I think you do what men have done for years, what they call it, when we do those little segments, departmentalize. I have more anger around, well, church and the Department of National Defense (DND), because neither one would speak to me when I came back, at all. Each one blamed the other. We want you back but you are busted. They used those words. You're broken. You're in the land of unloved toys. It's sad to say, but there's a children's show from the late 60s, called Rudolph the Red Nose Reindeer, and there's this island that all the toys are kind of misfits. That's what we are. You're the misfit, you don't fit any more, and we put you on the ice and send you away. And don't come back. And then when you approach the institution they give you all the integrity and commitment speeches and you think no, you assholes are liars.

Matt elaborates further about both the military's as well as the church's response to his suffering upon his return home. "Busted" and "broken" are the words used by both of these institutions to describe the psychological trauma sustained by Matt. "Busted" and "broken" are words that are used to further stigmatize and shun all of the contemporary peacekeepers suffering from trauma. Neither one of these institutions will take responsibility for his suffering. Instead they argue with each other for who is to blame while abandoning or exiling him. Where is Matt exiled? Matt uses the analogy of misfit toys sent adrift on the ice to the land of unloved toys. How does it feel to equate oneself as a misfit toy cast adrift on ice to an island with the rest of the misfits? Matt describes his anger as greater towards these two institutions than towards the actual trauma sustained while serving overseas because he has experienced their hypocrisy. It is difficult to rebuild a life with only anger as your foundation and abandonment from the military family and church that you served for twenty one years. Failure to have closure can lock someone into chronic rage or anger for the rest of their life (Shay, 1994).

As a Clinical Nurse Specialist/Nurse Practitioner who cared for peacekeepers, I found that peacekeepers were more affected by the negative reaction from their military family than from the trauma itself. Many peacekeepers expressed a sense of betrayal when rejected by their military family. When a leader betrays the moral world of the soldier -- what his culture understands to be "what's right" –he inflicts manifold injuries on his men (Shay, 1994). According to Shay (1994), this sense of betrayal can turn into anger or the person can develop berserk-like rage towards their enemies in combat as well towards their own military leaders. Although Matt deals with his anger towards these institutions by departmentalizing the experience, I wonder about the long term effects on peacekeepers rejected by their military family. What does it do to peacekeepers to be rejected by their military family?

***What does it do? It re-traumatizes***

> I am as angry now at DND as I ever have been. I know that I'm angry. Anger is destructive. There is nothing good that comes from anger. What does it do to the victim? It re-traumatizes. It just entrenches ways of acting, ways of thinking and ways of feeling that are not like giving at all. I can get over the Somali people, I suppose. I cannot forgive the DND. There has to be closure there. I cannot be angry the rest of my life. I'm a priest. I harbor more anger towards the DND.

Matt describes his anger at the Department of National Defense (DND) as destructive towards himself. He states that being ignored and rejected by the military family re-traumatizes the victim and entrenches negative thoughts and feelings. Does the military language such as "broken", "busted", "shame", "unfavorable diagnosis" and other words that we will see later on in the excerpts also re traumatize? Matt feels that he can get over the trauma that occurred overseas but that there will be no forgiveness towards the military until there is closure. Otherwise, he will remain angry the rest of his life at the DND. What would constitute closure for him? What would he like to see happen? We will discuss with Matt how closure from the military could be provided later on in this chapter. First, it is important to continue with Matt's description of the military's response to his suffering and the release process from his military family in order to deepen our understanding of the impact of this experience.

### *It's almost as if they feel other people will catch it: Like germs*

> The last base I served on I was the most decorated officer with the most overseas tours. I was a chaplain. The next highest decorated group were the truck mechanics and the next were the medics. I trained the pilots and did psychological assessments. We'd fly with them regularly and had a great time. I had a good rapport with my base commander. When I got diagnosed, it suddenly went from we're really happy, you have done all these things, done all these deployments, he's got lots of wisdom, knows how to treat the pilots, and the older pilots when they start to whine to you're junk, junk. Stay away. My base commander said, "I don't want you around my God damn people. You stay home!" In a day! It's almost as if they feel other people will catch it, like germs. It's not like I was an intravenous drug user nor had bad gambling debts. Guys that admitted to being gay were treated better. Although not good in some eyes, it's easier to deal with.

Matt describes his experience trying to adjust after returning home from his overseas deployments and trying to seek help from the military leadership. Matt goes on to explain that he was drinking heavily and isolating himself behind closed doors at home. Once he was diagnosed with a disease labeled PTSD, Matt went from being the most decorated officer on the base with important responsibilities to being treated like an outcast. He becomes a disease that his base commander fears his soldiers can catch. Matt feels that an Operational Stress Injury (OSI) such as PTSD is more stigmatizing than soldiers who are gay because they are treated better. Is this because the military isn't to blame for homosexuality whereas an OSI is caused by trauma sustained while serving in the military? Matt is shunned and his diagnosis leads to abandonment by his base commander and the rest of his military family. The hierarchy of the military tells him to stay away. Then the release process from the military is initiated. How was the release process from the military experienced by Matt? We shall see in the following excerpts, that Matt's journey through the release process resembles *Alice*'s journey Down the Rabbit Hole.

### *Who stole the tarts? The trial*

*"No, no!' said the Queen. `Sentence first--verdict afterwards.' `Stuff and nonsense!' said Alice loudly. `The idea of having the sentence first!' `Hold your tongue!' said the Queen, turning purple. `I won't!' said Alice. `Off with her head!' the Queen shouted at the top of her voice. Nobody moved" (Carroll, 1865/1992, p.187).*

In *Alice in Wonderland,* there is a trial where the proceedings are obviously unjust. Carroll satirizes some of the dangers involved in trials, portraying a tyrannical judge, the impulsive and bossy queen, and simpletons for jurors, who barely know their own names. *Alice* is appalled by the injustice and refuses to tolerate the terrible proceedings of the unjust trial. The letter, with its poem full of pronouns, plays again with the ambiguity of pronouns. It also satirizes the use of evidence, not only in trials, but in all situations, as people often do in real life; the people in the trial extrapolate the conclusions they want from evidence that is far from sufficient (Carroll, 1865/2000).

Much like *Alice,* Matt is faced with an unjust trial during his release process from the military family whereby he has to produce evidence that his illness is service related. Matt describes the process of the trial that he under went in the following excerpt.

***The whole process: Why do we have to be judged?***

> How they treat you; your personal dignity and all that stuff. It still boils down to; I've 'outed' myself. Hopefully within a year, I'm going to sit in front of a panel with three independent judges. The whole process, why do we have to be judged? When you're a broken soldier, you sit in a room with a lawyer, an advocate, who's working in your favor against three judges. It is adversarial because you have appeals, and appeal courts. Even before you get into Health Care, you got to get through this whole system and before you even enter the system it's the appeals and the abuse, even before you walk in that door, you got to get over what the military just did to you.
>
> By that time I was granted a pension by the church. If you're not good enough to work, then we don't even want you back. My sole income is $60 a month! I'm thinking I'm a human being. My dog eats more than that in food. I think what a spot to live. Well that's not our responsibility. You have to show us that all your injuries are service related. I know all that stuff, but when you're not well enough even to get out of bed in the morning and shave; let alone now prove and they look at you and they say, well, you sound articulate. Oh yea, but I'm heavily medicated. Well, we don't know that you're heavily medicated.

Matt explains the process of a trial in the form of a tribunal which he goes on to describe as a form of emotional abuse. He describes himself as "outed" and a "broken soldier" which are words that the military hierarchy have used to describe him. Matt equates this experience to the emotional abuse of rape victims on trial who were blamed for what happened to them. Presently in Canada, rape victims are treated differently in a court room than in a regular court. The testimony is done quite differently and the questions are limited. Unlike the system, that now protects the rape victim, Matt is subjected to accusatory questions by a tribunal in an adversarial system. Matt goes on to describe the many walls or barriers that he has to go through for a medical pension. Healthy people know how to open doors, but for Matt and others suffering from trauma, these doors are not seen. Once released from the military, Matt crosses over "the imaginary bridge" to the door of the Department of Veterans' Affairs (DVA). Matt must prove that his illness is service related in order to receive a medical pension from the DVA. Like *Alice*, there are many walls, doors, hurdles, jumps and dances for Matt to go through in order to obtain a medical release and thus, the help needed to recover. Meanwhile, he is trying to survive on a $60 dollar a month pension from the church who has abandoned him. Do we treat our rape victims better than our traumatized soldiers? Is he being treated like a human being? A human being who has served his country?

Once in the garden, *Alice* joins in the Queen's croquet game where she finds they don't seem to play at all fairly or to have any rules in particular. *Alice* comes to the conclusion that it is a very difficult game. Much like *Alice,* Matt is confronted with not knowing the questions to ask and the information needed in order to obtain a release, with a medical pension, from his military family.

### ***What are the questions to ask?***

> Do you have a doctor's statement? Do you have this? Do you have that? What are the questions to ask? Am I entitled to weekly medical care? You may be entitled to medical care. Well, what type? Well it depends on what the problem is. There's all these different health plans. I think that the health profession is the last thing that people get involved with. The DVA's primary concern is for the welfare of the veteran and the family only after the veteran proves that it's DND's fault and proves to Veteran's affairs that I can't look after myself and proves all these things. I now know the right questions and I can ask you and you can give me the answer.
>
> Isn't going through treatment enough? If I had lost an arm, three men don't have to tell me, I lost my arm. Maybe another clinic to look at what level of functioning but after that, okay, you are definitely missing an arm. You're bleeding all over the floor, but you have to stay that way for 3 years and prove that you didn't lose it in a grocery store. Really, or are you just lying to us? But that's the process. I don't believe I've been out what 3 years? 4 years? Four years and I'm still trying to put my life on track.

As Matt describes, the rules are not defined and the protocols don't make any sense. Learning what questions to ask is one of the many hoops to jump through as part of the process. He goes on to compare the experience to proving to the fire department that your house is on fire before calling them directly. Matt equates his injury to the loss of an arm, to reveal to us readers the absurdity of the situation. The veterans with a psychological injury have to prove that they have an injury. Then, they have to prove that the injury is service related and not caused by an incident at home. Would the military hierarchy expect a soldier with a bleeding severed arm to wait around for three years? Would the military hierarchy require that a soldier with a missing arm prove that it wasn't lost in a grocery store? Would the military hierarchy take three years to make a decision if the injury was visible like the loss of an arm?

### *If I had lost an arm or a leg: It would be an honorable injury*

> If I had lost an arm or a leg; there are times I wished I had. I had coffee with four guys who were in the Operational Stress Injury Social Support (OSISS) group; every one of them said the same thing. If we had lost an arm, it would be an honorable injury. Do you wear a sign around your neck? A young fellow coming back and traumatized as lots of them are; you're fine. Or the underlying message is you're faking. You want something for free. You have that stripped away when in the service of my country and for no other reason I am now injured. If I had come in with my arm in a bag and said oh, look what happened to me. Oh boy, bells, and whistles, Wound Stripe. We got all the things for you. You're released honorably with all the right things. Although sometimes they drop the ball even with that, they were much better at that than the trauma.

Matt describes the belief held by many contemporary peacekeepers that a physical injury such as the loss of an arm or leg would be an honorable injury. As Matt goes on to explain it is better to be an old man with an empty sleeve, unshaven for 5-6 days and smelling of urine. No one in the military would ask any questions as this fits their perception of a veteran with a service related injury. Those with physical injuries are released with all the right things needed from their military family including the Wound Stripe. The Wound Stripe is only given for physical injuries. There is no recognition for psychological injuries sustained by returning soldiers. Instead, a soldier with a psychological injury faces disbelief, accusations of lying and many questions to answer in a trial/tribunal from their military family. Although not visible, untreated PTSD is like a robber or thief that steals away in the night with catastrophic effects. In the following excerpt, Matt describes the significance of the Wound Stripe and how the military could provide closure to those peacekeepers returning home with an OSI.

***The Wound Stripe: It means a lot***

> The American's have a Purple Heart for someone who's wounded. It shows others that you've been wounded. Canada brought back something from World War II and Korea called the Wound Stripe, which is a little gold bar that you wear on your uniform. What importance does it have? To you and your peers, it means a lot. The Wound Stripe is only given for physical injuries. On all the documentation it talks about psychological injuries as well. I know of no one that's ever received it. I talked to commanding officers when I was still in about so-and-so getting it. They remove them from the theatre of operations (deployment overseas), then remove them from the armed forces for trauma related to stress and trauma related injuries, clearly caused by what the man's been through, and they're told no, we will not issue a Wound Stripe; huge stigma.
>
> For the guys who are released with PTSD, if they said you can't be here so we'll give you this medical pension from Veteran's Affairs. You're going to be invited, if you want to come, this unit is holding a special parade. We're going to present Wound Stripes to those guys who got out. You make the decision whether or not you want to come. We're inviting you. That's my choice not to go. If I don't have the choice, then you'll never wear it because it will never be on your uniform. There it is. And what's it cost – nothing. It's a no brainer. It's going to be some closure.

Matt elaborates on closure from the military family. Much like the American Purple Heart, the Wound Stripe is awarded to soldiers who have been wounded while serving in the military. Matt goes on to explain that the American Purple Heart is only awarded to those who have a wound defined as a physical injury. On the other hand, the Canadian military uses the language of psychological injury as well as physical injury written right into the regulations. They set up an expectation in its regulations when in reality the Wound Stripe has never been awarded to anyone who has sustained a psychological trauma. There still exists a huge stigma in the military for those with a psychological injury. A psychological injury is not considered honorable. What constitutes honor? What Matt has contributed to the military is immense. For Matt, the awarding of the Wound Stripe at a special parade would represent the recognition by the military family of those soldiers who have sustained a psychological injury while in the service of their country. Medical pensions should be awarded without a trial or tribunal to prove that there is a psychological injury that is service related. The Wound Stripe represents a visible symbol of an injury that is not visible to the eye. For Matt, this would allow for closure from the military family for those who served and sustained a psychological injury.

In summary, Matt's story was explored in it's entirety in order to illuminate our understanding of the military family's response to peacekeepers returning home suffering from trauma, the release process from the military and the significance of the Wound Stripe for closure. Matt used words such as "broken", "shunned", "unloved", "misfits" "busted", and "shamed" throughout our conversation about his release process. These painful self descriptions inflicted upon him by his military family makes me wonder if these words further traumatize him and the other peacekeepers.

We need to turn our attention to the other peacekeepers' release from the military to further our understanding of the painful self descriptions inflicted upon them and the anger felt by all of them towards their military family in response to their trauma. This involves the military bond which is indicative of the theme, other participants' release: The military culture breaks the bond.

### Other Participants' Release: The Military Culture Breaks the Bond

In Chapter four, the peacekeepers describe how the military becomes their family. The bond becomes stronger than the one to their family of origin. Overtime, they become a *Band of Brothers* willing to fight and to die for each other. Once they are diagnosed with an OSI what happens? They are suddenly released from their military family which is yet another traumatizing experience.

#### *The military was my home*

> The military was my home because I grew up in the military. My dad was in the military. So for me that's home. I think I'm finally making the transition to being a civilian. I still have a lot of anger towards the military for the way I was treated when I came back and how I was released.

Mary describes her release from the military family. She was one of the first peacekeepers to be diagnosed and medically released for PTSD. It took two years waiting with many questions from the The Department of Veterans Affairs (DVA) about a full medical pension for the PTSD diagnosis. She has since received pensions for physical problems such as hypothyroidism, fibromyalgia and irritable bowel syndrome without any difficulty. One is reminded that the body holds the traumatic memories which may become manifested in physical problem. Also, physical problems are visible and thus, more likely to be recognized. Despite a doctor that knew the system and the PTSD pension, Mary remains angry at the way she was treated throughout her release process by her military family that she grew up in all of her life. After many years, she is only beginning to make the transition to civilian life.

#### *They sever the strings*

> When they find out and diagnose you with an Operational Stress Injury (OSI), they also sever their strings. When you're ill, the military detaches their strings. You're basically left like a buoy bobbing up and down on the water with no

> strings, just floundering, just floating along. It's trying to establish new attachments and new strings. It's hard to make those reconnections back to your family and back to civilian life particularly, if you've been serving in the military for 20 some odd years. It is a huge thing to try to adapt to.

Once diagnosed with an OSI, Peter describes how the military culture quickly severs the strings attached while serving for 20 years in the military family. His release from the military leaves Peter floundering like a buoy in the water. Like Mary, he is struggling to establish or reconnect back to his family of origin and to civilian life. The mortal dependence of the modern soldier on the military organization for everything he needs to survive is as great as that of a small child on his or her parents (Shay, 1994). Thus, the sense of abandonment by their military family is profound and the transition to civilian life is very difficult. We turn to a further discussion of the release process from the military culture to deepen our understanding of the experience.

### *The certifiable crazy card: My career is over*

> The Medical Officer (MO) told me the first thing we're going to do is get you on the Supplementary Personal Holding List (SPHL). We're just sticking you on the SPHL so that we can back promote somebody into your position and shuffle you off. Once I had the permanent category, I called it the certifiable crazy card, nobody talked to me because he's got PTSD; he's got psychological problems.
>
> I became the poster child for our unit because I was the first to go through the process. There's a very tangled convoluted web of things that happen within the military. You go to a doctor, then a psychologist, then the psychiatrist and then all the recommendations go back to the GP who makes recommendations. Then it goes up to medical boards for recommendations and then to a place where they read all the recommendations. If you're file is going somewhere between the chief medical office and medical boards, you don't know where it is. I could almost guarantee you there are probably 800+ files down there for approval. Your file could sit there for anywhere from 7-8 months, a year. My career is over, you know that sitting around and waiting, it's horrible. My career is over.

After keeping the diagnosis a secret for many months, Peter describes his experience revealing to the Medical Officer (MO) that he has PTSD. The Medical Officer (MO) automatically places Peter on the Supplementary Personal Holding List (SPHL) without any consultation with him or his treating physician. Peter feels that there is no respect shown to a soldier who has served willingly for eighteen years. Peter calls the SPHL the "certifiable crazy card" which is a very derogatory term.

Peter is the first in his unit to be diagnosed for PTSD and therefore, he becomes the "poster child" for what happens to someone with an OSI. The phrase "poster child" originally referred to a child afflicted by some disease or deformity whose picture is used on posters to raise money for charitable purposes (Merriam-Webster's Collegiate Dictionary, 2003). However, the term is usually used metaphorically, meaning a shining example or model of its type. Indeed, these contemporary peacekeepers will be the role models for others to have the courage to reveal their OSI to their military family. The SPHL category begins the release process which is a very convoluted web. Basically, Peter becomes a file with confidential information sent to numerous places. Meanwhile, Peter has to sit around in limbo knowing that his career is over.

Would someone with a physical injury be treated the same way? We don't talk about a loss of an arm or a leg with negative language. The negative language such as "certifiable crazy card" is used by the soldiers themselves who are suffering from psychological trauma. Does the negative language protect them from other peoples' judgment? Why do the other soldiers label those with psychological problems with derogatory terms? Are they afraid that this might happen to them?

***What it comes down to is respect***

> My Sergeant Major came bursting into my office which I thought was disrespectful. It doesn't matter what level you're at, you don't stir up a group. He disregarded the fact that I was actually performing this task. He gave me some orders. I have no problems with it because I've seen Sergeant Majors with

> attitudes do this before. However, he poked his head back in at the last second. He said make sure you phone those sickies at home to make sure they haven't shot themselves in the head! Why not give those jobs to the people that want to stay in and give them some dedication out of respect for those people. What it comes down to is respect. Don't disrespect him for doing his job. If he would have gotten his leg blown off you would have had a lot of respect for him. You can put your finger on the stump.
>
> After being on sick leave, they put me in a holding category called the Supplementary Personal Holding List (SPHL). That's where they put you when you're on your way out. It's like you're waiting to die. I had no choice in the matter. You could be the greatest finance person in the world, if you can't fit the universal infantry service, you're out the door. I think it's very prejudiced in a way. I think there are a lot of people in wheelchairs that do pretty well.

James describes the response of the military to those suffering from psychological trauma. He goes on to describe his arrival back home when the Master Warrant Officer (MWO) stood on a table and shouted "if anybody has any problems with your noodle, line up over here". Slang words such as "noodles" are disrespectful towards those who are suffering from psychological trauma. Who would want to come forward to form a separate line from the others? Would military personnel with physical injuries be ordered to form a separate line? Back at work, his Sergeant Major another leader in the military hierarchy shows disrespect by interrupting James who is leading a meeting. Another slang word "sickies" is used which again shows no respect or empathy towards those who are suffering from psychological trauma and maybe contemplating suicide.

These senseless remarks make no sense to James. James feels there is no respect for those suffering from psychological trauma trying to do their jobs unlike those who have a visible physical injury like a stump. Here we see more metaphors such as "problems with your noodles" and "sickies" which are all negative expressions of their suffering. In the search for language and meaning these metaphors leave negative marks upon the sufferers of trauma. They wear the language on and in their bodies invisible to the eye. Once again, we see the negative language directed by the military leadership towards those that are suffering from trauma. These metaphors let things stand rather than going to the heart of the matter like *Alice* and her journey through Wonderland.

Like Peter, James is put on the SPHL which he equates to waiting to die. It represents a slow death as it can take up to a year for approval to be released as a member of the military family. The medical personnel recommend that he should be retained in a support trade and not deployed to war zones as a front line soldier. Despite meeting all of the qualities expected of a soldier, his inability to serve in the infantry makes him ineligible to serve.

***It's the fault of these people not coming forward***

> The media interviewed the Brigade Commander who owns all the toys. They asked him, there are 70 some odd people on the (SPHL), and are these people going to be released for this PTSD disorder. He said no, there are not that many people. He found out in fact, there were 72 people ear marked for release because they had PTSD. They had some really good soldiers. The media followed up with the Brigade Commander. He said the number 72 is right. He said I don't suspect all them will be released. T[illegible] was the statement that got me. He said however, it is the fault of these people not coming forward soon enough so the medical staff ended up giving them a prognosis that is not favorable for the military to keep them in. I said you can quote me as saying that anybody that comes forward now and complains that they might be suffering from PTSD is committing career suicide.
>
> I'm a Master Corporal, and this guy's a General and I'm telling him he's being irresponsible the way that he's been handling it. They published this and I thought I better slow down a bit here. We are bordering on loyalty here. I thought, that's not the meaning of this, I got to get the word out. I never heard a ripple coming from any of the interviews that I ever did, which told me that I was right on with what I was saying. Otherwise they would have probably thrown me in jail.

James decides to report to the media that all of the soldiers on the SPHL with an OSI such as PTSD will be subsequently released from the military. The Brigade

Commander another leader in the military hierarchy blames those suffering with an OSI such as PTSD for not coming forward sooner. Blaming the victim is common for survivors of various forms of abuse (Herman, 1992). As Matt had described earlier, the response of the military family towards their traumatized soldiers can be compared to blaming the victim of abuse that takes place in the home. These peacekeepers have experienced prejudice from within the military culture as there is a denial of their traumatization.

James reports to the media that coming forward to complain about an OSI is committing career suicide. Indeed, the SPHL is a slow suicide or death, as all of the soldiers with an OSI on this list are released from their military family. Despite the cruelty of the military towards those suffering with an OSI, James who is trained to be a loyal soldier, questions where his loyalty now lies. James decides that his loyalty lies with his *Band of Brothers* who, like himself, are suffering from psychological trauma. What is the military culture like for those with an OSI who try to fight to stay in their military family?

### *They're in the Stone Age*

> My medical category is not favorable at the moment. As long as the doctors say yea, you should be able to handle this once I get the right coping tools. It's a matter of what the army thinks. They're the ones that seem to have a big problem with an OSI. They're in the Stone Age. That's the fight. The military tried to basically write me off. They tried to use that incident to affect my performance. It was utterly ridiculous. I put a grievance in right away. I ended up going on sick leave for three months at one point. I had to start recording my conversations. I couldn't believe some of the things they did. They just wanted me to get out.

Tim describes his fight to stay in the military. However, Tim believes that the military culture is in the 'Stone Age' which indicates how backward the military is in regards to understanding an OSI. Tim goes on to describe his excellent performance evaluations throughout his military career. He had one verbal argument with some one of a higher rank. Consequently, the military hierarchy tried to use this incident to have him released from the military. The military's negative response and tactics against him add additional stress, which has resulted in a sick leave, a grievance, and the use of a tape recorder to document conversations with military personnel. The medical category of an OSI is unfavorable. The military family is adding further stress and trauma in order to force Tim to be released from the military. Is the military culture changing towards those with an OSI?

### *You still have to be very careful about coming forward: I was almost released*

> You still have to be very careful about coming forward. I was almost released from the military while I was trying to get myself better. It's not something that I broadcast around. Is the military culture changing?
>
> They will say on the one hand, there's a lot more treatment options initiatives such as the joint DND and Veterans Affairs, spousal component, more education about it, etc. However, the reality is that if you have an Operational Stress Injury (OSI), after two temporary categories they're supposed to put you on the permanent category called the SPHL. Their experience is people do not get better and come back to work. Therefore, you end up medically released.
>
> To me that is just shifting the problem out of DND over to Veterans Affairs. They still feel that you're not going to get better and move you out of an operational role. It's just an automatic, unless you fight it, you just get transitioned over to being someone else's problem. So, I went on brief sick leaves to avoid the OSI label and the SPHL category. In some ways it was more draining than anything else. The military says you're not going to be of any use to us with an OSI. I am still a valuable person with lots to offer. They say not with an OSI; not within the military.

Unlike Tim who has disclosed his OSI, Thomas describes his secrecy about having an OSI in the military culture. Although the military culture talks about all the progress made in regards to assisting those with an OSI, in reality they are automatically released from the Department of National Defense (DND) to the Department of Veterans

Affairs (DVA). Thomas a chaplain was able to fight this process by taking some time off for spiritual care. He has fought being transitioned onto the SPHL and thus, released from the military to Veterans Affairs. In some ways, the fight to stay in the military culture which requires not revealing his OSI is more draining than being released.

### *I was being tagged: It was not a great environment to work in*

> You're tagged, so it was not a great environment for me to be in. It was a relief. I had to always fight my way to stay in. I was sick all the time because I didn't want to be there. A cold would hit me and I was off for 3-4 days. One time, I had some suicidal thoughts. The doctor said I had to fight for you because they didn't want me to give you ten days off. I always felt that I was being tagged by people I worked with as a slacker for taking time off.
>
> I called the Veterans Affairs to apply for a pension. I did the paperwork and got screwed by them. They didn't want to pay. They sent me to a psychologist that does business with them. My diagnosis is PTSD with some remission. I went to see another psychologist. He said there's no remission in PTSD. I have a diagnosis but I'm still fighting with Veterans Affairs. The access is not done the easy way for the Veteran. What we write is not what they want. The questions are always vague. I've learned a little bit of their language and how it works. I shouldn't have to do that to get what I'm entitled to. That's a stressor but at the same time, I understand how the system works. It's not a battle for me right now because I know how they act. Down the road I want to do something, I want to change things.

Paul describes the culture of the military environment when he asks for help for his OSI. He goes on to describe his stress and anger over the way the MO and the others treat him. Paul is "tagged" negatively as a "slacker" for taking time off of work instead of someone with a legitimate problem. He has to fight to stay in the military. Eventually, Paul decides to apply for a medical release with a pension for PTSD from the Department of Veterans Affairs (DVA). Paul is learning their language and obtains a pension from Veterans Affairs for both his knees and back. He continues his fight to obtain a pension from Veterans Affairs for his PTSD. Is it easier for Veterans with physical injuries to obtain pensions from Veterans Affairs? The questions are vague and not helpful for Veterans to understand. Paul understands the system but he wants to change the military culture as well as work on prevention rather than on fixing and repairing.

At the trial, *Alice* cannot be intimidated, or even out reasoned. She manages to fight her way through the king's poor reasoning, and she also stands up against the unjust evidence. *Alice* makes enemies of the Card Court because she refuses to play their games as they want her to; in a book where *Alice* learns game after game, this final game is one where *Alice* must learn the rules but then subvert them. In refusing to be bound by the unjust proceedings of the court, she comes into her own as a developed person with a sense of justice and a capacity for independent thought. The final moment of the dream suggests difficulty, but also *Alice's* ability to stand up for her self. Like *Alice,* Paul has learned the rules of the system and how they work.

### *If I did come out then that's a red flag*

> I pity the guys who are red flagged. When they walk into work heads would turn. One of the civilian doctors asked me if I wanted to be an issue now or later. I said later. If I did come out then that's a red flag. That's what I'm trying to fight now. All my colleagues know. They sent me off for a year. The SPHL section was supposed to help me reintegrate back to work as far as finding me suitable employment. A couple of months went by and nobody was calling me. I called the doctor at the military center to ask when I could come back to work. He goes I've never heard of anybody coming off SPHL and going back to work.
>
> When they see me walk back in the office and I say I'm being treated for PTSD; at first they're walking on egg shells. It wasn't until look guys, I'm not violent, a deranged person, a psychopath. I have PTSD. I'm not going to break down and cry in front of you guys. There are just certain times I need a break. As soon as I gained their trust as far as skills wise, there were no questions asked. Its self serving in one sense but it's also looking out for my peers. They won't come all the way out because they're still waiting to see what's going to happen to me. Everybody knows I'm on the administrative cliff. Whether I'm going to fly or fall.

John describes being 'red flagged' when coming out with the diagnosis of an OSI. He is fighting being 'red flagged' because it usually starts a negative reaction in the work place. John is put on the Supplementary Personal Holding List (SPHL) and sits at home for a year. As discussed previously, once on the SPHL permanent category, the person never returns to work and is subsequently released from the military. However, John fights to come back to work. Like *Alice,* John decides to fight the injustice of the system and to subvert the rules of the military family. He decides to break the silence and tells his *Band of Brothers* in his unit about his PTSD. John educates his fellow *Band of Brothers* in the military family about PTSD and is able to gain their trust over time. There are others in the *Band of Brothers* who will not come out and reveal their OSI because they are waiting to see what happens to John. By returning to work, John is trying to set an example in order to change the culture of the military towards those with an OSI while looking out for his fellow *Band of Brothers* with an OSI.

***He was just a good boss: I was lucky***

> My boss knew my history. He knew about mental health issues. He said do you remember Rwanda, and you went to all these places maybe you need to go see somebody. He was just a good boss. I was lucky. I didn't have to go on stress leave because I was my own boss. This guy was my boss but because I'm an officer, I have a lot of flexibility. I was a branch head at the time. I reported to him because he was the Chief of Staff, but I was the boss of the whole cell. So I had a lot of latitude. Corporals in the infantry don't have that latitude necessarily. I never had to be removed from the workplace because the workplace was not toxic for me. You're risking your career without support from the medical system in the military. I had the Colonel who wanted me to go for help and not in a patronizing way which was instrumental as part of my recovery.

Simon describes the military's response to his suffering from trauma upon his return to Canada. His boss recognizes that something is wrong. He knows Simon's reputation as disciplined, on time and dependable. All of a sudden Simon isn't showing up for work or is missing meetings. Simon considers himself lucky that he has a military leader in the hierarchy who understands mental health issues and supports him in acquiring medical care. Unlike Tim and Paul, the workplace never becomes toxic for Simon. He has a really good leader unlike the other peacekeepers who were ultimately released or continue to fight their release from the military. Again, this reinforces Matt's point that good leaders are the exception and not the rule. Should it depend on luck or good fortune of a good leader in the military hierarchy, for those suffering from an OSI, to receive the help needed?

Simon also discusses the importance of his higher rank as an officer which is equated to be of more value to the military. The military has spent more time and money to train an officer. Also, Simon's higher rank affords him the flexibility and latitude of being his own boss which prevents him from taking a stress leave unlike lower ranks.

Two of the other peacekeepers spoke about rank. James believes that those with a higher rank such as a Major are retained because the military has invested more money in them. The only importance of rank in John's opinion is that the lower ranks such as privates and corporals don't know how the system works. Therefore, unlike him, they are less likely to fight a release from the military. Does rank matter? Are good leaders the exception and not the rule? Is rank important in the retention of soldiers with an OSI?

The intent of this chapter was to show the military family's response to peacekeepers suffering from the trauma of peacekeeping. The military family's response caused further suffering for the peacekeepers. Most of the soldiers suffering from trauma who sought help from the military were eventually, placed on the SPHL and subsequently released from their military family. Thomas remains in the military but has not revealed his suffering to anyone for fear of being released. Both John and Tim are fighting their release from the military and continue to serve. However, their future in the military remains uncertain. Simon, probably because he had an exceptionally good leader in the hierarchy continues to serve without requiring any temporary stress leave category or the SPHL category, even with his OSI diagnosis. I believe the following poem by Mary captures the experience of the majority of those contemporary peacekeepers suffering from trauma that turned to their military family for help only to be faced with closed doors.

TO WILLINGLY SERVE

To Bosnia we went to willingly serve,

So full of peaceful ideals and verve.

But there was no peace to keep

And the price we now pay is steep.

Ravages inflicted by mortars and the gun

And events that should be seen by no one.

Women and children begging to be fed,

A sight we all came to dread.

When we were again with loved ones at home, To far off places our minds continued to roam.

Wishing and hoping for some inner peace,

We asked will this nightmare ever cease.

Months of living with stresses and fears,

Left us empty except for too many tears.

We looked for help to again be whole and care,

But closed doors too often met our stare.

After we went to willingly serve,

Did we get what we truly deserved?

In my heart I know we did not,

For a life with PTSD is what we got.

As discussed in the previous chapter, during traumatic experiences overseas and when reminded of the trauma at home, peacekeepers experience alterations in their perception of time, feelings, emotions and their bodies. The feelings and emotions are buried somewhere. Where? Does the body carry the feelings and emotions of the traumatic experiences? Can their bodies ever recover the full range of feelings and emotions? What happens when the body tries to feel the emotional impact of the traumatic experiences? Many questions still remain. What is the experience of peacekeepers healing from the trauma of peacekeeping and from the trauma of their military's response to their suffering? Are contemporary ways of treatment helping peacekeepers to heal?

# CHAPTER SEVEN: HEALING FROM THE TRAUMA OF PEACEKEEPING: THE BODY REMEMBERS

*"The body remembers, the bones remember, the joints remember, even the little finger remembers. Memory is lodged in pictures and feelings in the cells themselves. Like a sponge filled with water, anywhere the flesh is pressed, wrung, even touched lightly, a memory may flow out in a stream" (Estes, 1992, p. 214).*

As Estes (1992) reminds us our bodies remember and store our memories in every joint, every finger and in every cell. We live in the world with our bodies, experiencing everyday situations and relationships through our bodies. We perceive the world with our bodies, says Merleau-Ponty (1962):

> The body is a natural self and, as it were, the subject of perception (p.239). The body is the vehicle of being in the world, and having a body is, for a living creature, to be intervolved in a definite environment, to identify oneself with certain projects and be continually committed to them. (p.94)

"The pathically tuned body perceives the world in a feeling or emotive way" (Buytendijk cited in van Manen, 1999, p. 30). Thus, "feeling" can be understood as the embodied aspect of 'emotion.' At the time of a traumatic event, the person experiences a psychobiological reaction involving hyper arousal of the sympathetic nervous system and the reflexes of fight, flight, freeze, and/or dissociation (van der Kolk, 1994). Afterwards, a hallmark of trauma is the inability to moderate arousal. The person fluctuates between hyper arousal with hyper vigilance or being on guard and dissociative reactions such as emotional numbing. Merleau-Ponty describes above how we are bodily entwined in our world within a definite environment. Yet peacekeepers find their perception of their world profoundly disturbed upon their return home.

In *Mrs. Dalloway* (1925/1990), Virginia Woolf describes the mundane life of the character of the title preparing for a party juxtaposed against the character Septimus Smith. He is a World War I veteran who is suffering from fluctuations between hyper arousal and emotional numbing. Woolf illustrates these two extreme ways of being in the world. Septimus Smith the main character believes the horrible reality of war burned away his protection and attributes his current neurosis to an overexposure to the heat:

> It was a heat wave presumably, operating upon a brain it made sensitive by eons of evolution. Scientifically speaking, the flesh was melted off the world. His body was macerated until only the nerve fibers were left. (p.102)

Paradoxically, Septimus claims that despite the raw exposed nerve fibers (indicative of hyper arousal); he is unable to feel pain for his own suffering or that of others, like Rezia, his wife. The characterization of Septimus Smith in Mrs. Dalloway (1925/1990) illustrates the fluctuation from hyper arousal to emotional numbing so characteristic of traumatic injury.

> He looked at people outside; happy they seemed, collecting in the middle of the street, shouting, laughing, and squabbling over nothing. But he could not taste, he could not feel. In the tea-shop among the tables and the chattering waiters the appalling fear came over him—he could not feel. He could reason; he could read, Dante for example, quite easily ("Septimus, do put down your book," said Rezia, gently shutting the Inferno), he could add up his bill; his brain was perfect; it must be the fault of the world then—that he could not feel. (p.133)

Westwood (cited in Kent, 2000) said the trauma of peacekeeping results from being helpless in the face of unbearable suffering, being exposed to unnatural events or having one's life, or that of another, threatened. He describes the memories and the remembering as an embodied experience:

> Ethnic cleansing, coming into a house and finding it full of bodies, having children massacred while you have to stand by unable to prevent it -- these events don't just affect the mind, they enter your bones. The memory of it is stored in your whole body. People's emotions just shut down. They become socially

> isolated. They have intrusive thoughts, sleepless nights, startle responses -- some of them can't stand the smell of freshly killed chicken -- they suffer flashbacks, which lead to despair and depression. (p.16)

Many of the peacekeepers spoke about their bodily sensations and feelings at the time of the trauma. They also spoke about the "body memory" when bodily sensations are reactivated as the body always remembers or is reminded of the memories of the traumatic event back home in Canada. The following excerpts describe the body remembering during and after traumatic events.

***What my body was feeling***

> I experienced the trauma the most when I try to put the emotions back in to it. Like smells, sounds, sights, what my body was feeling, what I was aware of at different times overseas. Where my trauma has been the greatest, where I have felt it the greatest, I suppose that answers it right there is when I allow it to be felt.

Matt describes what happens when he tries to put the emotion back into the traumatic experiences. The emotions are buried in the body. The body carries the smells, sounds and sights of the traumatic experiences overseas. The emotional memory is often called the "body or somatic memory", as activation of this part of the trauma memory reactivates the body sensations associated with the event. The emotional / bodily component of the event is activated in the area of the brain known as the amygdala or the "emotional brain" (van der Kolk, 1994). Recalling the sensory memory, which is stored in the sensory cortex of the brain where the details of the five senses such as sight, sound, smell are encoded generally, reactivates the emotional memory. This is why many people try to avoid talking about the event, or avoid possible reminders of the event (van der Kolk, 1994). Matt is trying to reconnect his feelings and emotions of the traumatic experiences felt and remembered in his body.

### *The smell: It just brought it all back*

> We were patrolling one day in Rwanda. We caught a gust of wind, got this whiff, and what is that smell! It has its own original smell. It's like what the hell is that? It smelled like a dead animal. I said that isn't a dead animal. We're thinking you know what that is? That can't be! That's pretty strong. He says that the frigging school was full of dead people. Afterwards that's all you could smell. You just couldn't get the smell away from you. I remember the whole time I was there I stopped breathing through my nose. I just breathed through my mouth. At night it's all I could smell. I couldn't get it out. It stuck with me.
>
> I remember getting off the bus in Ethiopia with a friend of mine who served in Somalia seven years earlier with me. I was surprised that he would remember, because he's probably suffering from post traumatic stress himself. We both got off the bus and we both took a whiff. Then we looked at each other. I had been to Rwanda and I just laughed at him. He says holy gees, man and that smell is just like Somalia. It just brought it all back. You could smell the diesel. You could smell the sweat; you could smell the dead bodies.

Tim describes his experience of coming across a school in Rwanda. His body remembers the same smell of dead bodies from his previous deployment. The body holds the traumatic memories and emotions which are triggered when there are subsequent reminders in the environment across multiple deployments. Later on deployment to Ethiopia, his body remembers again. Tim re-experiences what he felt and sensed while in Rwanda and on a previous deployment to Somalia. Both Tim and his friend have a bodily recognition of the smells of prior deployments.

### *An electric shock went up my spine*

> I'm walking. He cocks his weapon. At that point an electric shock went up my spine. For a fraction of a second with the electric shock, I remember having a chill. I'm thinking the bullet is going to come in any second here. For a fraction of a second I said, that was really stupid. I said you're going to get it. Then the UN face came back on. I said I can't get intimidated. I got my piece of paper and I walked out. He didn't want to let me out and I pushed him out of the way. I got in my jeep and I took off.

Simon describes his bodily sensations and memories of a traumatic incident that could have cost him his life. During the war in Rwanda, the airport was closed. Simon explains that the UN peacekeepers operated the airport. He became accustomed to crossing the air strip, parking his jeep beside the chopper and taking off for the day.

After the war ended, Simon is confronted by a guard who is one of the government employees operating the airport. The guard demands that Simon hand over his pistol until a pass is obtained. Soldier peacekeepers are trained never to hand over their weapons. He argues with the guard who threatens to shoot him. His body responds to this traumatic experience by sending a chill and an electric shock up his spine. Simon literally 'soldiers' on as he is trained to do. He continues to walk over to the desk to obtain his pass and gets into his jeep. What happens to the bodily memories and emotions afterwards? After the traumatic experience has ended, the person can remain in a state of hyper arousal or a heightened awareness of bodily memories and feelings with the tendency to be easily alarmed.

### *I got this heaving feeling in my crotch*

> Every time I put my foot down I got that heaving feeling in my crotch, okay the blast is going to come. So we walked out of there. I went back to the Canadian contingent and talked to a captain who was an engineer mandated to help de-mine the country. He says let's go right now while it's fresh in your memory. We can at least stake the place out.
>
> The engineer could see that the sand was perfectly flat over the mines as opposed to the rest of the sand. It was too perfect. He takes his knife and pops out 30 or 40 or 25 mines in those two trails. The first mine he diffuses, empties and gives to me. He said keep that one. It's your lucky charm for the rest of your life. I still have it.
>
> That day, it was very humbling to me that I had cheated death. I wasn't going crazy, but I remember feeling my legs and thinking, I could be here tonight without my legs. I'm thinking, how would that feel, and touching them.

Simon describes a traumatic incident in Rwanda. He goes on to describe a man who leads him down a trail to the bottom of a big tree with blood everywhere. Two boys have stepped on a mine. One is killed and the other has his leg blown off. Simon's body reacts when his "heart sinks" with the realization they are in a minefield. He explains that this situation is not as bad as the day at the airport when his body was reacting to the potential of being shot in the back. In the minefield, he describes his bodily sensations every time he puts his foot down of where the blast will hit, blow off his legs and probably kill him. Simon's remembers the experience through his bodily memories. Although he escapes death, his body reminds him to feel his legs as a reminder of what could have happened. In order to forget bodily memories, Simon goes on to explain his temptation to turn to alcohol which is known to numb out emotions and feelings. There has been widespread self-medication with alcohol to numb out bodily sensations and feelings throughout the history of the military. We turn now to the following excerpt to deepen our understanding of numbing out bodily sensations and emotions with the use of alcohol.

### *The Legion and the Liquor Board of Ontario: Their only outlet*

> When I was a young guy, you're in cadets or reserves. You go to the legion or to the legion parades. You go see the old boys there, with their medals and they're drinking a lot and telling stories. You think, why do they tell the same stories over and over again, amongst themselves? Well, now I get it. And that was their only outlet. And they came back and built a nation! Huge, I mean they built a nation. I think places like the Legion and the Liquor Control Board of Ontario (LCBO), I think was their only outlet.

Matt describes his experience as a young cadet with the old veterans at the legions. Now, Matt understands why they drank so much and told their stories over and over again. Their only outlet for the trauma that they had experienced from the First and Second World Wars was through the use of alcohol. In these gathering places, they were able to consume alcohol which numbed out their bodily sensations of the emotions and feelings about their traumatic experiences. Thus, they were able to share their stories without emotions and feelings with the other veterans.

Shay (1994) describes a Vietnam veteran's experience with alcohol:

> I mean, I did it with the alcohol. And I did it when I was in the Nam. For those two days I stayed fucking shit faced, just to numb it. Just so I wouldn't have to think about it. (p.63)

What happens when the young veterans return home? Do they continue to numb out their bodily feelings and emotions by using alcohol or drugs? The body always remembers. As will be discussed in the following, we are never out of our bodies.

The world is experienced through our body and it is a sensual and emotive experience. It is not an emotional discourse in the sense of what I am feeling but an intimate discourse in terms of how emotions are shared and interpreted by others (Crossley, 1995). Merleau Ponty (1962) describes this as a process of 'inter-corporeality', where emotions are both worldly and material in form. This 'inter-corporeality' is constituted by our bodily techniques that manifest our intentions and feelings (Crossley, 1995, p.146). Emotions can be understood as "embodied, as inseparable from bodily practices such as gestures, rooted in the intimacy and immediacy of instantiated or corporeal interchange: face-to-face, body- to- body" (Crossley, 1995, p. 145). Emotions are part of experienced reality arising from and orientated toward the social world, as part of the skills that are used to cope with social order. Time, space and identity are directly experienced and embodied, and are interwoven with emotion and affective states of perception (Crossley, 1995). Emotions are therefore, ways of being in the world; that is, ways of making sense of and acting in the world. To be in a particular emotional state entails perceiving the world in a particular way; noticing the things that one might not usually notice and being affected by what one sees in ways that one might not normally be affected by.

As Estes (1992) writes:

> Body is not marble. That is not its purpose. Its purpose is to protect, contain, support, and fire the spirit and soul within it, to be a repository for memory, to fill us with feeling – that is the supreme psychic nourishment.... to fill us with feeling to prove that we exist, that we are here, to give us grounding, heft, weight. It is wrong to think of it as a place we leave in order to soar to the spirit ... all that comes from the body. The body is the rocket launcher. In its nose capsule, the soul looks out the window into the mysterious starry night and is dazzled. (p. 221)

We need our bodily memories to fill us with feelings and to prove that we exist. We need our bodily feelings and emotions in order to experience the intimacy of both corporeal and 'inter- corporeal' interchange. What happens back home in Canada when their bodies remember?

### *The body holds the memories*

> My body knew exactly what day it was. Oh, awful! You think well why am I having this week? Or why is this day happening? Then you look through old notes and you find it. That's why. You're oh God, is that still with me? The body can certainly store the memories. The body holds the memories and very painful emotional memories.
>
> I find that once the trigger starts, I know for me it's about a four day cycle. The hypothalamus which for me is about the size of my leg once it takes over, I feel it in my body, and my respiration goes up. I don't know what I'm afraid of, but something has spooked me. I know I've got about 20 minutes of these last conscious thoughts. I can control myself to get myself home or in a car, or in a safe place because my adrenal gland is already starting to secrete. I feel my leg muscles and the back and all my major joints starting to seize up. I know for the next four days I'm screwed. I'm not going to be able to go outside. I'm going to be afraid. Someone's always going to kill me.

Matt describes the painful memories of trauma remembered and stored in his body. The dates of events, flashbacks, and smells are triggers or reminders of the trauma. He doesn't remember these triggers on an intellectual or mental level. Instead his body reminds him of these traumatic memories and emotions. Matt reacts on a visceral level to triggers in his environment back in Canada. Matt goes on to explain that these bodily memories have prevented him from working as a parish priest. He was performing a mass when his bodily memories forced him to leave the church for the safety of his home. He is unable to control these traumatic bodily memories and emotions evoked by the world at home which force him to seek out a safe place. He experiences a split between his body and his world. His familiar world from before the trauma is now unsafe as it triggers painful memories. Does Matt's world need to heal? How will he return to his bodily way of being in his familiar world so he can truly heal from trauma? Can he?

### *The skin holds memories: It holds all of the trauma*

> When your body is triggered to remember it's for me dates and some smells, and some conversations. When all the emotions of my body remembered, my body only used to remember happy things, like the first time you make love to somebody, what that smelt and felt like. It remembers, the skin holds memories, but it used to only hold pleasant memories. What my mother's hair smelled like, what bean soup with home made bread, what all those things smell like. Now it holds all the trauma. When it comes to the surface, it's triggered and the hypothalamus allows us, I don't know how it works, but the wiring in my brain brings this memory up. I have no way in this environment to put it away again.

Matt explains that the body remembers and holds all of the emotional memories both pleasant and painful. Tragically, Matt perceives that his body which used to hold happy memories now only holds the painful memories of the traumatic experiences. Has trauma removed the pleasant memories from his body? Will the pleasant memories stored in his body ever return? Once the painful memories and emotions come up, Matt has no way of putting them away which forces him to seek out a safe place to hide. Until the bodily memories and emotions are dealt with will the peacekeepers continue to relive these painful memories and emotions of trauma?

### *It brought back some bad memories*

> It just burns right through your nostrils. I actually smelled it. It brought back some bad memories. Smell and music are big things that trigger me. I was driving down the road about three weeks ago. I had my window open. I catch a whiff. It smelled just like that sweet pungent smell. I got shivers right down my body. I was in this kind of a swamp area getting out of my car. I'm trying to smell. I 'm thinking no way that cannot be what I think that is. I'm thinking I'm going to find something here. I hope I don't find what I'm thinking. I'm looking around and I walked up and down the embankment on both sides. I didn't find anything. I thought I was going to have to call the cops. I didn't catch the smell again.

Tim describes an experience of driving down a road upon his return to Canada. A smell reminds his body of the sweet pungent smell of dead bodies experienced while overseas on deployment. These memories are felt in and through his body in a visceral and emotive way. Tim's body is propelled backward to react in the same way as when he experienced this smell as a peacekeeper overseas. Is part of the healing experience remembering the traumatic memories and emotions felt in the body?

### *It smelled the same way; I feel like I'm back there*

> I know a lot of people that didn't watch the video *Crash Landing.* It threw me off a bit but not as much, because it's on TV. The video did bring back memories and feeling everything. The one guy was talking about cooking chicken. I'm not as bad as him, but we had ordered chicken from a Lebanese pizza place. When I opened up the bag it was the same taste, the same smell as when I was over there. I feel like I'm back there. The chicken tastes the same so; it was just the same as over there.
>
> I had another big incident that they warned me about during the video. There's a speaker and then it started shooting, bombing and shelling. I had a complete shut down of my system as they were talking. I was nauseated. I couldn't hear anything. I couldn't talk. I didn't know where I was. I just started running.

Paul describes watching a video called *Crash Landing* about Canadian peacekeepers back home describing their traumatic experiences overseas. The video provides a barrier or surrealness to the actual traumatic experiences. Never the less, the video evokes powerful memories, feelings and emotions stored in his body. Paul's body remembers and responds through the senses of smell, sight and sound. There is a visceral response so profound that the body automatically responds with flight from the traumatic memories, feeling and emotions. Does running from these bodily memories prevent healing from the trauma of peacekeeping deployments?

### *There are all kinds of things that still trigger me*

> These accidents have had a big impact on me. I was shaken. I was so stressed out I could hardly talk. My jaw was so sore from just being locked up. I was heart broken and shaken. Pulling over to the side, being a passenger in a car is not my strong suit. Even if I'm driving the car pulling over to the shoulder of the road, deep shoulders on the road, not being able to see the road from inside the car, seeing someone tipped over in the ditch, there are all kinds of things that still trigger me. These types of circumstances make me feel anxious again. I mean I'm still struggling with being hurt.

Luke describes his bodily reactions after two tank accidents that occurred in Canada and the former Yugoslavia. Back home in Canada, his body continues to store the memories, emotions and feelings of these accidents. Any reminders of these traumatic events trigger the body to respond with hyper arousal of the sympathetic nervous system (van der Kolk, 1994).

There is a struggle for all contemporary peacekeepers to either avoid or to try to work through the memories, feelings and emotions of traumatic events stored in their bodies. Traumatic memories appear vividly through various sense modalities (van der Kolk, 1994). They are uncontrollable, frequent, intrusive, and dominate the lives of the sufferers. It is difficult to think of these peacekeepers as attempting to live without reminders of their memories and emotions both pleasant and traumatic that are stored in their bodies. It is difficult because memories are fundamental to our existence within-the-world; it preserves our sense of self, and the sense of continuity of our personal history (Kroch, 2004). Casey (2000) reflects about the taken-for-granted centrality of memory in our lives:

> Usually, remembering is at all times presupposed, and always at work: It is continually going on, often on several levels and in several ways at once. There are few moments in which we are not steeped in memory; each step we take, each thought we think, each word we utter, are deeply immersed in memory. Memory takes us into the environing world, as well as into our individual lives. (p. xix)

### *Later the feelings will come*

> The captain has a number of survivors on his ship, particularly other ships' captains that he's saved from the sea. They are now in Gibraltar getting off this vessel. These men have all been saved; all their lives have been spared from the sea by this captain. They toast his health and they say we'll also drink to the men who are not with us today. He said oh yes, yes. They go no, no, captain don't be so quick with the past. There will be dreams and with dreams will come feelings, and with the feelings will come the truth. The truth will be too hard and for the harshness of truth there is gin! I remember that, there will be dreams. There will be the truth. Later the emotions will come. The feelings will come.

Matt describes an old black and white movie titled the *Cruel Sea.* He goes on to explain that the ship's captain is looking for a submarine that is hiding under a convoy. The captain decides not to pick up the men on the convoy. Instead, he drops depth charges. The men on the convoy know that their life is now over. Through the dialogue in the movie, Matt poignantly explains that traumatic memories and emotions from the past cannot be forgotten but will return in dreams. Rather than dealing with the feelings or the embodied aspects of emotions and the harshness of the truth, the survivors in the movie turn to alcohol. Nevertheless, the embodied emotions, feelings and memories continue to come. What do the peacekeepers do when the embodied emotions, feelings and memories come? Are remembering bodily emotions, feelings and memories necessary for healing from the trauma of peacekeeping deployments? Is this what the body is telling the peacekeepers? Maybe we should start with: What is healing?

### *What is healing? : I'm trying to reach a new normal*

> What is healing? That word to me is too much of a medical term. Medically, will I heal? There are no physical scars. How do you say heal in psychosomatic terms? I don't think it can be described. I've tended to use the term 'wholeness' or 'health' in that I'm back to a level of functioning without significant impairment. There's always going to be some impairment. Am I going to heal completely? No. Is that what I'm trying to get to? No. First, it was being able to function. Then it was to start integrating the traumatic experiences into my life so they are not so fear or anxiety producing. The traumatic memories and emotions are not something that I'm afraid of happening to me. Am I comfortable with them? Have I progressed that way? Yes. Is there more help? Yes. Am I trying to get back to the way I was before? Not realistically. I'm trying to reach a new normal.

Thomas questions: What is healing? To heal from psychological trauma, Thomas believes that the traumatic experiences have to be integrated enough into his life in order to have a degree of comfort and control over them. Thomas believes that once traumatized; a person can never heal completely and return to the way they were before. He wants to return to a level of functioning or a new normal without significant impairment. Is healing from the trauma of peacekeeping remembering the feelings, emotions and memories felt in the body and integrating those traumatic experiences? We return again to the peacekeepers for a deeper understanding of healing from their traumatic experiences, felt through their embodied emotions and memories. This moves us into a discussion of the following theme: To feel is to heal.

## To Feel is to Heal

*"The body is a multilingual being. It speaks through its color and its temperature, the flush of recognition, the glow of love, the ash of pain, the heat of arousal, the coldness of non-conviction. It speaks through its constant tiny dance, sometimes swaying, sometimes a jitter, sometimes trembling. It speaks through the leaping of the heart, the falling of the spirit, the pit at the center, and rising hope" (Estes, 1992, p. 214).*

Above Estes (1992) reminds us of embodied feelings and emotions as ways of being in the world. Much therapeutic effort aims at reawakening feelings or the embodied emotions which are regarded as necessary for healing from trauma to occur (Crossley, 1995). For some of the peacekeepers the one emotion that doesn't shut down is anger. If you return to civilian life with nothing but anger, you have difficulty re-building a life (Westwood as cited in Kent, 2000).

Shay (1994) believes that anger emerges out of intense grief and that long-term obstruction of grief and failure to grieve can lock a person into chronic rage or anger. Grief turns the attention inward to feelings, memories, and imagined what- if scenarios; attention to the present sensory world is largely shut down (Shay, 1994). In the recent overseas deployments, contemporary peacekeepers were exposed to attack 24 hours a day, but were often attacked at night. There was no safe time to feel emotions and to process feelings. Allowing one's attention to turn inward to grief and other feelings during military attacks could result in one's own death and the deaths of others. If military practice tells soldiers that their emotions of love, grief, etc. which are inseparable from their humanity, do not matter and are told to 'suck it up' then when are they able to recover their ability to feel again? How do they recover their embodied feelings and emotions? How do the peacekeepers heal from their traumatic memories felt through their embodied feelings and emotions?

### *I never push a memory away: I don't see the sense in running away*

> It's Western music that might be playing prior or during an event that reminds me of that tour. There are all sorts of songs that happen to be playing or that the guys used to play. I know a lot of songs, like during our Rwanda tour. They play over and over and over. There is one particular song that was playing when____shot himself. I let it play because it reminds me of him. It brought tears to my eyes a

> few times. I never tried to not remember something. I never push a memory away. I figured it certainly can't help me, I don't see the sense in running away from it.

Back in Canada, Tim listens to Western music especially one particular song that brings back memories of his friend who committed suicide during his deployment to Rwanda. By listening to music, Tim is able to express his embodied feelings and emotions of this traumatic experience. He knows that it is important to not push these memories and emotions away. By expressing his embodied feeling and emotions, Tim is able to mourn and grieve the loss of his friend. Tim is beginning to recover his feelings again that were stored in his body in order to begin healing from the trauma of his peacekeeping deployments. How do the other peacekeepers heal from their embodied emotions and feelings of their traumatic experiences?

### *To get over the fears of these memories*

> I have limited success to separate out the affect so I could look at the traumatic experiences. Why is this so troubling to me? What is bothering me? What's the trigger? Why? Then I'll say, okay how do I take it from here to get past that. For me the first step is to get over the fears of these memories. The affect is so intertwined to getting over the fear of letting that come forward. If I was able to control myself enough in order to start making the separation of the affect and the cognitive. Then I would start looking at it to understand the affect proportion. Then to integrate, why am I feeling the way I'm feeling? Is there a way to reframe it? So that the affective component does not cause the reaction that it does.

Thomas describes separating out the affective component of the traumatic event in order to get over the fear of these memories. Ultimately, the integration of embodied emotions and feelings with the mind involves noticing these inner sensations and controlling his bodily reactions so that the memories don't cause such a fearful reaction. The identification of what is noticed in the body and the articulation of the best words and emotions to describe these inner experiences and sensations is a way towards healing from trauma (Price, 2002; Timms &Conners, 1992). Thomas is trying to understand these embodied emotions and then integrate the feelings back into the traumatic event. Part of healing from the traumatic memories overseas is dealing with the embodied emotions and feelings. We turn to another peacekeeper for a deeper understanding of healing from the trauma of peacekeeping.

***I can have the bad feelings: To work through them at a comfortable level***

> I don't know if that's the pessimism in me that swells up because I know I'm never going to be the same as I was. I guess the hope that I have for myself is to be able to function somewhat normally again. I guess my goal in life right now is to get to a point where I can go out golfing. I can have the bad feelings because I know they're going to come, but to be able to work through them at a comfortable enough level where I can actually get some enjoyment out of life. Like going out to the golf course because its part of my exposure therapy to get out there and get back on the horse.

Similar to the story of the *Cruel Sea*, Peter knows that the bad feelings will come. Part of his healing involves dealing with the embodied feelings and emotions of the traumatic memories at a comfortable level. Prior to seeking help, Peter was unable to step onto grass because it reminded him of dangerous mine fields overseas. Healing from these traumatic memories requires Peter to face his fears of these reminders. Facing his fears of these traumatic memories has enabled Peter to enjoy activities such as golf. Peter has learned to work through his embodied feelings and emotions about this particular trauma. Do the peacekeepers ever recover the array of embodied feelings and emotions and reconnect to their family and friends back home?

***This might be as good as it gets and this is pretty good***

> *(Getting array of emotions back?)* Well does a limb ever grow back? I'm not saying no because I don't know. I just don't see it. I think that for me this might be as good as it gets and this is pretty good. I was pretty bad before. Its not as good as it used to be, but it's not as bad as it used to be either. I figure I can live like this. I'm okay. I'm all right. I think that the biggest part for me was acceptance, not acceptance that I'll be seen as weak and I have PTSD, but accepting my fate, accepting that this is it. Like anybody who loses a limb or who

> has cancer accepting it is a part of it. I'm not being pessimistic, but I don't think I'll ever recover from this. I've accepted that if it never gets any better I can carry on.

For Simon, healing is the acceptance that he may never have the array of emotions and feelings again. Is it as unlikely as a limb growing back? He goes on to explain that part of his healing was the need to question and obtain a lot of reassurances that he wasn't "going crazy". Simon felt scared and didn't want to go to the other side or over the line to insanity. In order to start healing from his traumatic experiences, Simon needed to understand his diagnosis and how to deal with it. Recovery for Simon means accepting that being left with the three emotions of sad, mad and glad maybe as good as it gets. How limiting is life for those unable to recover their array of embodied emotions and feelings that make up our lives as human beings? How has this inability to express embodied emotions and feelings affected veterans from other military experiences across time?

### ***They never talked about it***

> I would bury a lot of these veterans. Their families would all say you know father, grandpa or dad never talked about what he did, or grandma never talked about what she did, they never talked about it. And now I think you know what, my parents before they died; I never talked to them about it. They just said it was really, really bad and left it, they left it at that.
>
> It's interesting you go down town here and read the cenotaph. It will say 'our glorious debt' and you think where's that come from? It comes from the guys that came back after World War I who didn't want to say our mangled, screaming, debt, our fucked up minds, our destroyed lives, well we can't. I mean you don't chisel that. You make it glorious.
>
> It's funny because I can remember as a kid asking veterans, oh you know, how'd you get those medals, and what did you do? Of course they tell you, you're a young private soldier, well you just soldier and when you're soldiering they come to you. Now when the young soldiers say oh, padre, I never seen a padre with that many medals, how did you do that? Well, I say don't worry, in your day, you'll see.

Matt describes the previous generations of veterans' inability to talk to their families about their traumatic experiences overseas. He connects with the old veterans with his own inability to express his embodied feelings and emotions about his military experiences to either his parents or the younger generation of soldiers. The inability to express embodied emotions and feelings will continue on with the younger generations of soldiers. Healing from trauma depends upon 'communalization' which is the veterans' ability to tell their stories safely to someone who will retell it to others in the community (Shay, 1994). Over many generations, veterans have been unable to tell the truth about the trauma of combat and peacekeeping deployments. Instead others have made the war and peacekeeping missions 'glorious' rather than expressing the true horrors of these experiences. What happened to previous generations of soldiers who did express their embodied feelings and emotions about the trauma of warfare?

### *Catch phrases like cowardice*

> You should see the catch phrases like cowardice; from World War I and World War II. I got a book at home. I've got to finish reading. The last Canadian solider executed for desertion. I almost felt like it was something I had to do. I had to buy the book. Maybe I'll read it some day. It was important that I had the book. Don't ask me why. It's my validation.

Soldiers in World War I and World War II who expressed their embodied feelings and emotions about the horrors of war were labeled 'cowards' or 'cowardice'. James explains that those who ran away from the front lines were executed for dissertation. Does this book validate for James what will happen to him if he breaks the silence about the horrors of peacekeeping deployments? Was it validation that other soldiers from previous generations suffered from trauma too? Is it validation that for many generations soldiers have been unable to express their embodied feelings and emotions about their traumatic experiences? From one generation of soldiers to the next the embodied emotions and feelings of military experiences are never expressed to their families and community. How do the veterans struggle to express their embodied emotions and feelings?

We turn to literary sources to further our understanding of the veterans' struggle to express their embodied feelings and emotions. Literary sources have explored the veterans' struggle to bear witness and to express the emotional impact of traumatic events that occurred during war and peacekeeping experiences. In the World War I book titled *Birdsong* (1994) Sebastian Faulks writes about the veterans' inability to talk about their experiences during World War I:

> No child or future generation will ever know what this was like. They will never understand. When it is over, we will go quietly among the living and we will not tell them. We will talk and sleep and go about our business like human beings. We will seal what we have seen in the silence of our hearts and no words will reach us. (p.422)

Although not verbally expressed, the trauma is often displayed silently on and in the bodies of the veterans. Scarry (1985) reveals that war is remembered in the bodies of its veterans:

> The bodies of massive numbers of participants are deeply altered; those new alterations are carried forward into peace. So, for example, the history of the United States participation in numerous 20th century wars, may be quietly displayed across the surviving generations of any American family-a grandfather whose distorted feet permanently memorialize the location and landing site of a piece of shrapnel in France, the feet to which there will always cling the narration of a difficult walk over fields of corn stubble; a father whose heart became an unreliable pennywhistle because of the rheumatic fever that swept through an Army training camp in 1942, at once exempting him from combat and making him lethally vulnerable to the Asian flu that would kill him several decades later; a cousin whose damaged hip and permanent limp announce in each step the inflection of the word "Vietnam", and along with the injuries of thousands of his

> peers assures that whether or not it is verbally memorialized, the record of war survives in the bodies, both alive and buried, of the people who were hurt there. (p.113)

The embodied emotions and feelings are remembered in and on the bodies of the veterans. Although the trauma is never spoken of to families and the broader community, it is remembered each time the bodies of veterans are displayed throughout time.

***They physically manifest what they emotionally experienced***

> On the base the army amputee association was holding army wide games. Here are 20 to 40 young men and women with 1 leg, no legs, 1 arm, and no arms, engaged in sports like archery, soccer, and volley ball. It's not on the main street. It's tucked away in the corner of the base where you're not really seen. You're given something that's kind of secondary at best, tertiary normally. It's like on the one hand the country wants to live on the laurels of great peacekeeping, great peacemaking, we like that image for ourselves. But the flip side of it is there is a price and its more than just tax dollars. It's your child, it's your neighbor, it's someone you probably know and they come back. They're junk. They physically manifest what they emotionally experienced.

Matt describes the connection to younger veterans who have also sustained physical injuries and who like the older veterans display their emotional trauma on their bodies. Canada and Canadians like the laurels of peacemaking and peacekeeping without reminders of the price paid by these young contemporary peacekeepers. In particular, I am struck by his description that the physical and emotional trauma displayed on the soldiers' bodies are hidden or tucked away from society's view. Over many generations of war and peacekeeping, this hiddenness has perpetuated the silence around both physical and emotional trauma. The excerpt reminds me of the poem titled: Disabled by Wilfred Owen (1920/1983) who describes the experience of World War I lived through and inscribed upon the soldier's body. In particular, the following lines from the poem illustrate the disabled veteran as hidden or tucked away similar to what Matt has described:

> …Now, he will spend a few sick years in institutes,
>
> And do what things the rules consider wise,
>
> And take whatever pity they may dole.

### *Vimy: An extension*

> I said you're here because people like me allowed you this way of life. I'm not going to take credit for the guys that crawled on the beaches in Vimy, but it's an extension of that.

Peter describes further that his peacekeeping deployments as a soldier are an extension of the old veterans from the old wars. Wars and peacekeeping deployments have allowed generations of Canadians to live our way of life. Contemporary peacekeeping soldiers bond with older veterans in a place of understanding different than our own. They encounter their particular sense of relatedness with brother soldiers from across the generations. The soldiers' expressions of the bond to previous generations of soldiers reveal their recognition of suffering from both the physical and the emotional trauma of soldiers throughout time. The hidden away aspect of physical as well as psychological trauma from society's view of one generation of soldiers to another will be explored later on with the peacekeepers in relation to the military's response to their trauma. Does healing from the trauma of peacekeeping involve the military family's response? We turn to the following theme; recovery can't begin without support especially from the military family.

## Recovery can't begin without support especially from the Military Family

> Recovery can't begin unless you have the support of somebody within the military. With the military it's very unique because you see the military corporate doctor. You can go outside. Some people do it. You're told your whole career you are not allowed. It's against the rules and regulations unless you have a ski accident and they evacuate you to the hospital. That's fine. If you have diabetes

> and you're getting treated and the military doesn't know about it, you can be court marshaled. There's a good reason as we have to know what people are up to, but there's a huge problem there. You can't start the recovery process, you can't go through the medical system in the military without having support from somewhere, because you're risking your career, you need the trust.

Simon describes the importance of receiving support especially from within the military family for healing or recovery to occur. He goes on to explain that in other corporations, like the police force, an employee can seek outside help for mental health problems. Ultimately the corporation, the police force doesn't have to know about it. The military requires their personnel to seek medical help from their military doctors. Without support from somebody within the military family, the soldier who reveals that they are suffering from psychological trauma could be risking their career. The following excerpts will begin our understanding of the military's family response to their soldiers who reveal their suffering while trying to heal from the trauma of peacekeeping.

### *I'm still dealing with the loss*

> I wasn't dealing with my spiritual well-being because I was so tied up in the physical. I thought I have to start looking at the other parts of my life which are probably in better shape, which is my spirituality. Since then my spiritual journey in my lifetime I would say in these past few years has been an immense amount of growth. I don't think I've completely dealt with the sadness of the loss. What was valuable about wearing that uniform or without being in that uniform, what still makes me a valuable person. I'm still dealing with the loss in these few years.

Luke describes his need to deal with the physical and emotional injuries as well as his spirituality in order to integrate his embodied feelings and emotions of his traumatic memories overseas. He goes on to explain his need to grieve the loss of his military career and his bitter feelings about the end of a career that he misses every day. For a year and a half after the accidents, Luke knows that he is not the same man and that his career in the military has to end. Does healing from the traumatic memories require feeling both the embodied emotions and grieving the loss of a military career?

***It is about loss: I haven't grieved yet***

> Spiritual healing for all those who experience trauma or whatever the crucifix is in their lives is a resurrection. There will be the nails. They will leave a mark. I think a contemporary desire of spiritual healing is to be made the same as we once were. I want to be normal again, whatever that is. I think that my sense of spiritual struggle has been on redefining now what normal is. What does it mean for me now?
>
> People recognize Jesus back from the resurrection, but he does things different, he walks through the wall and the door. He doesn't open it any more. He's suddenly in the room but he didn't enter it. He's different. I think that the community has struggled for 2000 years with how this spiritual reality has affected us. That's my sense of spiritual struggle because I have this plan. Trauma was not part of the plan. There will be dreams; there will be dreams and feelings. It is about loss. I don't think I've reached that yet. I haven't grieved yet. I think grieving comes from a higher mind function. I will soon start to grieve it. I'm still angry. Anger at what I am not (priest, soldier, paratrooper, caregiver). I miss a lot of things I wish I had. I'm aware of what I don't have. I'm becoming more aware of what I have.

Matt describes his healing in terms of spiritual healing. He goes on to compare healing from trauma to the crucifixion and the resurrection of Jesus Christ. Like Christ, survivors of trauma are different and never the same as before their traumatic experiences. Unlike Christ who has the visible marks of nails and wounds on his body, psychological trauma bears no physical signs on the bodies of peacekeepers. Like Christ, others won't believe unless they can touch and see the physical signs of trauma on their bodies. Matt is struggling with redefining what is normal for him. That involves dealing with grieving the loss of his multiple roles while serving in the military family. Like many peacekeepers, Matt is dealing with the recovery of embodied emotions and feelings of the traumatic memories stored in his body. He has recovered his anger and is now working on dealing with his feelings of loss and grief from his military family. What could the military do to help peacekeepers deal with losing their military family?

***They have to recognize what they are responsible for***

> The Department of National Defense (DND) has to recognize what they're responsible for. They have to formally say either we're sorry, or good bye. They

> got to own up. All these things such as the breaking of that commitment, the disappointment involved on that expectation only serves to delay healing from the trauma. Because the people that you experience trauma with, the very ones that I think in human society need to help in the healing process, are the very people that you can never come back and be part of again.

Matt describes the importance for the military family to recognize what they are responsible for in order for peacekeeping soldiers to heal from the trauma of overseas deployments. Matt goes on to equate the trauma of peacekeeping, to the abuse of children that takes place in homes. The adults in abusive homes need to take responsibility for their actions. Matt feels that the military family has hidden trauma and thus, has not taken responsibility for the suffering experienced by their soldiers. The breaking of their commitment to care for their soldiers only serves to delay healing from the trauma of overseas deployments.

## Treatment Approaches: Healing the Pool of Tears

What treatment approaches are used to help contemporary peacekeepers heal from the trauma of peacekeeping deployments? Do these approaches help them to heal from the trauma inflicted upon them by their military family? The following excerpts will explore the theme, treatment approaches: Healing the pool of tears in order to understand the approaches that have helped the peacekeepers begin to heal from both types of trauma.

### *What helped me the most: This is as good as it gets*

> What I'm getting the most out of are the medications. They seem to be working. I fought medications for years and years and years, and I finally gave in, hard headed me. The doctor prescribed these to turn down the volume a little bit. So am I stuck on these medications forever? I don't know. I don't care. If I was a diabetic I would take insulin.
>
> You know what helped me the most? I just figured it out. The third doctor, I said to him be honest with me, is this as good as it gets? He said probably. I said,

> thank you! It's as if I was able to say okay, tie on your friggin snow shoes good because that's the rest of your life. Whether that was negative or positive, that was probably the turning point for me. To say okay get back up with your pants on and get on with the rest of your fucking life. Cope, cope.

Simon describes that medications that help to stabilize his symptoms have helped him. He goes on to explain that there has been no "therapy". What has helped him the most is the doctor who told him that probably this is "as good as it gets". That was the turning point for Simon to get on with the rest of his life and cope.

In an earlier excerpt, Simon described that the injury or illness from the trauma had eradicated a whole range of emotions. Like a candle that has burned out most of the wick, he is left with only three emotions: mad, sad and glad. Simon is unable to feel happiness, such as when his son does well in school. His limited range of emotions was what propelled him to start treatment. However, he is told that this is "as good as it gets", by the doctor. The lack of therapy to deal with the numbed out embodied feelings and emotions begs the questions: Is this as good as it gets? Is this "as good as it gets" for those suffering and healing from trauma? Does anyone ever heal from the trauma? Or like Simon, are they told to "tie on your snow shoes and cope". What kind of message is this? Is it really acknowledging their suffering?

***Medications: A double edged sword***

> Medications, I'm on Paxil. Double edged sword. They tell you there may be some sexual side effects. I'm glad I'm not married. As a celibate male it shouldn't bother me, it does. You're thinking is it going to make me better? The medications certainly have helped. I'm getting them to the right level. It's kind of tricky, and making sure you don't go off them cold turkey. I find that you got to have that combination of some knowledge and some belief that they're really doing the right thing and just realize that it's never going to be perfect. There's going to be trade offs.
>
> I'm in therapy every other week for 2 – 3 ½ years with a very good psychiatrist who tried a therapy that uses eye movement. We tried it twice,

> both times it's like you're trying to bring one memory out of a bucket, but as soon as you put your hand in the bucket the water is all disturbed. And you have a 45 minute appointment. See you next Wednesday. NO! You just opened this up.

Matt describes the medications as a double edged sword because there are many side effects. He goes on to use the analogy of the manila on a rope that burns your hands if it slides through your fingers when thrown to a drowning person. The burns on your hands are like the side effects from the medications. However, it will save your life. The medications have saved his life but at what cost? For Matt, the medications are a constant daily reminder that he is "sick" and "broken". He wants to be like every one else, "normal" again with his own parish, functioning and contributing to society. After six months, he stops taking the medication and goes through withdrawal. Matt accepts the medication again as one of the trade offs. Do the trade offs limit his ability to live a fuller life?

In the past, Matt had therapy with a psychologist who wanted to hear about war stories. The hyper arousal and numbing out of emotions by Matt was misinterpreted by the psychologist as either over dramatic or not dramatic enough. Matt was healthy enough to realize the therapy was not working. After questioning that perhaps his traumatic experiences were not that bad, Matt decided to terminate therapy. Presently, Matt is in therapy with a psychiatrist who has tried Eye Movement Desensitatizion Reprocessing (EMDR) which processes the memories and reattaches the embodied feelings and emotions. The EMDR therapy has only been tried twice because Matt finds the memories and the feelings too disturbing to process within a forty-five minute session. Thus, his therapy remains limited to regulating his medications.

Matt has had to endure the side effects of medications and the thoughtless comments of a therapist that he is either over dramatic or not dramatic enough. He had to endure the EMDR at the hands of a therapist who is unskilled in this method. An experienced therapist would never open someone up to the traumatic memories and then finish the session prior to applying techniques which help the person remain present. Matt and other peacekeepers are vulnerable to unskilled therapists with bad judgment and thus, have to endure treatments that may prolong their suffering and delay their healing. Not processing the memories and re attaching the embodied emotions and feelings, begs the question again: Is this as good as it gets? Is this as good as it could be for those suffering and healing from trauma?

***The 'Readers Digest' version: The trust factor***

> Since 2003, I've been in therapy with a psychiatrist and now a psychologist once a week. It took my psychologist a good six or seven months just to break through. This is the other side of the soldier; I call it the 'Readers Digest' version just enough to shock you. I don't sit there and give gory details that would give you nightmares. As soldiers, we give 'Readers Digest' versions. Technically we don't like talking about that type of thing. I was avoiding the psychologist and giving him the 'Readers Digest' version and wasn't being able to really get in there. That's part of it, the trust factor. I have to go back over the incidences and I haven't really tapped into my feelings. I don't really think that's avoidance, I just don't know how to get into the feelings yet.
>
> I think another other side of it is grappling with the understanding that your career is over. Even the confusion of what do I do now? I've done this for 20-25-35 years, what do I do? This is all I know. You started down the path of not being that soldier any more. Now what are you left with? You're left with the wife and the kids and the dog. Now you have to learn how to be a person again. It's taken a long time for even me and my wife to sit down. We're going to couple therapy. I feel even after two years of therapy, I still feel very much alone.

Peter describes his weekly therapy with a psychologist. He goes on to explain like many of the other peacekeepers that his therapy is basically medications. One day, he hopes to live his life without medications. Peter, like other contemporary peacekeepers, is caught in the 'Readers Digest' version of his traumatic events in order to protect others, including his therapist, from suffering. Also the 'Readers Digest' version is a way to avoid the fullness of the memories, feelings and emotions of their traumatic experiences. After seven months of the 'Readers Digest' version of events, Peter is able to trust his psychologist. However, he still hasn't been able to tap into his embodied feelings and emotions about the traumatic incidences. His suffering in silence continues as he has not been able to fully tell his trauma story. According to Shay (1994), the communalization of trauma is necessary for healing to take place. The communalization of trauma will be discussed further in Chapter Seven.

After a thirty year career as an exemplary soldier, he is grappling with the questions: What do I do? What am I left with? He is left with his wife, his kids and his dog. For many of us, a wife, kids and a dog would be enough. Why isn't this enough for Peter? Could it be the aloneness is because of the loss of the *Band of Brothers* and his military family? Peter has to learn how to become a person again in civilian life. Is part of becoming a person verbalizing his embodied feelings and emotions? Is part of becoming a civilian reattaching the strings to his civilian family?

### *The right doses of medication*

> It took us about a year and a half and I have just stabilized. The Doctor went over that deep breathing and the meditation stuff. I think the right doses of medication. Oh what a struggle, the side effects, the sleepiness, that sedativeness and then trying to get up and go to work in the morning. I had to get a late arrival for work. The most effective treatment for me right now is medication. I can see an improvement and so can my family, since the medication. My kids actually like me now. Two years ago is was Dad's home, oh God! They didn't want to be anywhere near me. Now when I come home they can walk up to me and say, hey Dad! It's a great feeling.

Tim explains that to date the most effective treatment approach has been the medication. Like the other peacekeepers, Tim suffers with many side effects, making it difficult for him to perform his job. For Tim, the tradeoff has been his ability to relate better towards his wife and his children. He is beginning to reattach the strings to his civilian family. His relationships have improved with his family which he attributes to the medication. Will Tim benefit even more if he engages in therapy that helps him to process the memories of the trauma and reattach his embodied feelings and emotions? For many of the peacekeepers the therapy is limited to the medical model of medications with a focus on reducing symptoms of their OSI such as PTSD.

### *Understanding what was going on: I'm in uniform again*

> The psychologist established a psychosocial peer group that wasn't just for PTSD. It was people having problems with bosses, their wives and a bunch of mentally ill people with at least similar symptoms. That didn't work out for me. I didn't want drugs. I do have PTSD. I finally accepted my first trial of medications. I went through a lot of reading and stuff. It helped me go from not ever leaving my house to I'm in uniform again. I got posted here. I just started couple counseling again because my wife has to live with this too.

John describes working with a civilian psychologist who had previous experience working with police and prison guards, who experienced traumatic events. Rather than focusing on prescribing medications, the psychologist works with John to deal with his symptoms and to deepen his knowledge and understanding about PTSD and the medications. Eventually, John accepts medications which, he believes, have helped him to leave his house. He is back in uniform working at a military base. Like Tim, John is beginning to reattach the strings back to his civilian family. John emphasizes that an OSI affects the whole family and therefore, he and his wife are in couple counseling. A psychosocial peer group didn't work for John because there were people there with a variety of mental health issues not just those with PTSD. Could it be that John needed his '*Band of Brothers*' rather than a heterogeneous group in order to heal from his military trauma? We will turn to this discussion later in the chapter.

***Survivor guilt: Cognitive restructuring***

> I saw a psychiatrist for quite a few years for survivor guilt. Did he remember that he actually relieved me early on in my shift? It should have been me that was sitting there. If the Commanding Officer (CO) would have had one more task for him then he wouldn't have been there. Would that shot have still been fired if it was me sitting there? None of it made sense to me. A lot of cognitive restructuring to look at the way I think about him being shot and me being the survivor. We restructure in a way that it's not a bad thing to think that way, but why are you taking responsibility for it? It's fate. Presently, I have a psychiatrist and that's mostly for medications and to talk about how things are going. Since moving here, I see another psychologist on average about every two weeks for my therapy. My sleep patterns are a lot better but I have irritable bowel as a result of all the stress. I always know that around the corner for me its depression around the time of year that he was shot.

James describes cognitive restructuring with a psychiatrist. Cognitive restructuring is a type of therapy to deal with his survivor guilt. A soldier was shot and seriously wounded when he relieved James on duty overseas. Cognitive restructuring has helped James to learn not to take responsibility for the shooting of his fellow soldier. Although this type of therapy deals with thinking, it does not deal with the embodied feelings and emotions about the trauma. James goes on to describe his previous therapy with a psychologist who taught him various coping tools such as counting to ten, relaxation with oils and angel cards that contain a positive message for the day. This type of holistic approach with the development of a strong therapeutic relationship was the most helpful for him. However, James still suffers from depression around the time of the year his fellow soldier was shot. James has cognitively processed the memories of this incident but not the embodied feelings and emotions. Thus, the anniversary of the shooting each year remains emotionally difficult for him. James suggests a retreat for 4-6 weeks in the country with outdoor activities, to help reduce the stress for those suffering with an OSI. Why not listen and implement the suggestions of the peacekeepers suffering from trauma? Is it too expensive for the military to invest the money needed to help heal their traumatized soldiers?

### *I don't do real therapy: I found a lot of answers for me*

> I don't do real therapy. I go to my psychologist to ventilate and discuss about what happened during my week or why am I so emotional at times. Through Personal Growth and the Life Coaching, I found a lot of answers for me. That's my job as a coach I move forward. Sometimes I go back but once I find what's wrong I look for ideas on how to fix it so it won't happen again. That's what I was trying to explain to the guys. You have PTSD. You get angry, stressed, so you need to know what you're going to do when you get that way. I have most of the answers in my head. I just have to find them or get some help to search them. To get help and don't feel guilty about getting help. I can't be at a better place than I am right now. For me visualization and meditation is more effective. There's some writing, Pilates and some self talk. I accept that I have that condition. I have to live with it and control it with the tools for any occasion. I'm not on medication right now. If I have to take them again, I'll take them for sure. I'm confident that I'm far from taking them. I have a lot of tools. I know myself a lot better now.

Paul describes seeing a psychologist for maintenance where he ventilates about what happened over the last week. Paul feels this not "real therapy" as he is not moving forward. Two or three sessions of EMDR did not make any big difference. Paul describes finding answers for himself through training in Personal Growth and Life Coaching. The use of tools such as visualization, meditation; writing, Pilates and some self talk have been the most effective therapy for Paul. These healing tools have helped him to understand himself better and to control his condition. Presently, he is not on medications because he has these other tools instead. How many more peacekeepers could be helped with these tools and other holistic therapies rather than solely relying on medications?

### *It was kind of working away at the layers of it: A real journey*

> My treatment with the nurse psychotherapist was kind of peeling away the layers carefully. It is exactly what I needed. It has been an immense journey with opportunities that have presented themselves at the right time. I have learned a great deal about myself. This condition still consumes me. This monkey on my back called PTSD is a terrible thing. It has robbed me and continues to rob me of the confidence and strength; I had once as an individual. In the beginning it was all about PTSD and the army. PTSD has struck me particularly hard. It was a bitter lesson that said it does not matter how good you are, you can't protect yourself from evil circumstances. I had two evil circumstances in a very short period of time which has changed my whole life.
>
> Then, it wasn't all about having two accidents. It was also about those other relationships and conflict in my life. My ability to ground myself, to identify and protect myself when I get in those anxious set of circumstances. Visualization and EMDR and those types of things were effective in my circumstances. I know that there is something greater than myself and that to draw on that spirituality and to draw on feelings and to feel sad and to cry and to do other things are all good things. This has been a real journey for me. It's turning that around and putting 'the man before the mission rather than the mission before the man'.

Luke describes his therapy with a civilian nurse psychotherapist in a trauma clinic. Together, they have been peeling away the layers for Luke to learn about himself. Luke realizes that there is much more to resolve than his PTSD such as the multiple losses of his military career, the *Band of Brothers*, other civilian relationships and conflict in his life. He believes that holistic approaches such as visualization, EMDR and grounding have been the most effective for him on his journey. Luke has been able to connect with his feelings and to connect with something greater such as his spirituality. He goes on to explain that there are many issues such as being driven in his civilian job to the point of a "broken heart" and a "burnt soul". Luke realizes that part of his journey is turning himself around from the military motto of putting 'the mission before the man' to putting himself first. Luke is further along in his healing journey. Does a holistic approach to care with a strong therapeutic relationship such as what Luke is receiving provide a greater opportunity for healing from both the trauma of peacekeeping and trauma from the military family?

### *Treatment of symptoms and self healing*

> In terms of formal treatment interventions, it's been with my psychiatrist addressing specific symptoms and treating them with medication. It's been more of a narrative therapy and has broadened to how Buddhism and Zen fit in with psychotherapy. I have enough of a background in psychology to be able to help myself through it but probably also have been in the way of my own progress. The intrusive memories for the most part are manageable. However, there are times I try to avoid them, suppress them until I'm able to start working through them.
>
> I have done a lot of self healing, partly because I think I felt abandoned by the medical system, the military branch and the spiritual branch. I'm probably spending more time self healing because I have a drive to become whole and the abilities and the knowledge to be able to do it. I did some Jungian workshops and looking at the role of grief and journaling. I've learned relaxation techniques, the Buddhist concept of mindfulness and meditation.

Thomas describes his treatment with a psychiatrist to treat his symptoms with medication. In addition, he is receiving narrative therapy that has expanded into Buddhism and Zen. His background in psychology is helpful but can hinder his progress as at times, Thomas will avoid or suppress intrusive memories rather than trying to work through them. Thomas has turned to self healing after feeling abandoned by the military medical system and both his military and spiritual families. While off work, the military did not support his need for spiritual care in terms of treatment approaches. The Canadian Forces do not include spiritual care as part of the medical care provided for their members. Why isn't spiritual care deemed important for healing from the trauma of peacekeeping deployments? Especially for traumatized chaplains who care for other traumatized peacekeepers. Wouldn't spiritual counseling may be a large part of their holistic healing needed in order to care for others? Thomas has turned to Jungian workshops, the role of grief, journaling, relaxation techniques, the Buddhist concept of mindfulness and meditation. Thomas spends more time self healing than with his psychiatrist because he has a drive to become whole. Does providing a holistic approach to care, help peacekeepers to heal and become whole? Do peacekeepers need to resolve the abandonment and trauma from their military family prior to healing from the trauma of their peacekeeping deployments?

### *A journey of self discovery*

> The best way to look at it is as a journey of self discovery. Knowledge is the key in any recovery program. I've done some courses in trauma and addictions recovery studies program. I think that I'm really in favor of exposure therapy; it's worked well for me. I used to volunteer at a place called Tapestry House which is a place of respite and education for care givers. I still go there on a monthly basis to attend the spirituality group. I attended several work shops at Tapestry House on boundary setting and a grief group. For me, working through the grief of losing my military career is one of the big things in terms of treatment.
>
> I've done a couple of workshops on the labyrinth. A labyrinth is a meditative tool. It is very soothing and good for rebalancing your energy. The labyrinth is similar to a maze except it has only one opening. You go in and out the same exit. I made a little lap labyrinth. You run your finger through it. Just running my finger around the paper to make sure that I had it; I could feel myself rebalancing. When I use it, I generally experience a tingling sensation throughout my body. It's very pleasant and I assume that the sensation is a result of all of my molecules shifting around to where they're supposed to be. I can feel my body when working the labyrinth. The idea is to focus, at least initially, on the physical act of going around the labyrinth. For example, if you are walking one, you should be focusing on putting one foot in front of the other; be aware of what your body is doing and just let your mind go blank. Sometimes, people go into a labyrinth with a specific question in mind or a problem they want to sort out. Clearing your mind and focusing on the "physicality" will often allow fresh ideas, or solutions to come to your mind once you have settled into the middle space of the labyrinth to "meditate". I find that walking back out (or tracing with my finger, in the case of a lap labyrinth) kind of gives me closure and leaves me feeling relaxed (I re-balance on my way in). I feel that a large labyrinth to actually walk around is more "powerful" than a lap labyrinth (possibly because my whole body is involved while walking the large one), but the lap labyrinth is still a good, therapeutic tool. You're more focused on the physical rather than things in your brain taking over.

Mary describes her journey of self discovery. Initially, she made no progress with a civilian psychiatrist who practiced analytical psychotherapy. Her military psychiatrist practices cognitive behavioral therapy. Mary doesn't like this approach. Therefore, she checks in with him but doesn't do any therapy. She is no longer on medications. Mary attended an inpatient program on trauma that was geared towards sexual abuse. The staff had no idea what to do with combat related PTSD. There she learned about checklists and timetables to help structure her day. She is resistant to structure because she said the military controlled her for six months while on deployment. Mary is in favor of exposure work which processes the memories and the emotions of the traumatic experiences.

Mary feels that knowledge is the key in any recovery program. She has tried a multitude of approaches on her healing journey. Has Mary sought out more care approaches because males are trained and socialized to be "macho"? Mary has taken courses on trauma and addictions as well as workshops at a place of respite for care givers. She attends a monthly spirituality group there. Mary believes that learning to grieve the loss of her military career was an important aspect of treatment.

Mary has walked large labyrinths and makes lap labyrinths for her finger to move through which are both meditative tools to rebalance energy. Etymologically, the word labyrinth comes from the Latin *labyrinthus* and the Greek *labyrinthos* which means "maze, a large building with intricate passages. In the English language, it means "maze" and in the figurative sense "a confusing state of affairs" (Skeat, 1983, p. 389). Perhaps, on the one hand the labyrinth is a symbol of the intricate and confusing process that the peacekeepers have to take in their attempts to receive help to heal from the trauma of peacekeeping.

On the other hand, the labyrinth is an intricate passageway through which Mary is finding a sense of closure from the trauma of peacekeeping and from the trauma within the military culture. Is the labyrinth a tool that connects the embodied feelings and emotions to the mind? Here Mary connects to her physical self. She has always been in her body. The labyrinth provides a means for Mary to remember her body. Would it be a useful tool for others to use that are suffering and healing from trauma? Could it provide healing and ultimately closure? Although these tools have provided healing and closure for Mary, healing is so individual that one should not become prescriptive about treatment. Do we set them up to expect closure? Is closure ever possible?

In summary, most of the peacekeepers' treatment consisted of medications to control their symptoms. Despite side effects, the peacekeepers found medications to be effective. For John, the medications have helped him to put on the uniform and return to work in the military. James found cognitive restructuring helpful for his survivor guilt. However, he has been unable to process the emotional impact and as a result, experiences depression each year on the anniversary of the shooting of his friend. Paul, Luke, Thomas and Mary have tried many different therapies such as EMDR, visualization, meditation, grounding techniques and journaling in their journey to heal from the trauma of peacekeeping and the trauma from their military family. Thomas and Mary spoke about self healing for both types of trauma. In particular, Mary has found the labyrinth to be a very effective tool to rebalance her body and mind. All the peacekeepers talked in the language of treatment such as the tools of visualization, meditation, cognitive restructuring and EMDR.

The entire group of peacekeepers spoke about the Operational Stress Injury Social Support (OSISS) groups created in a partnership with DND and the DVA for those still serving in the military as well as those who have been released with an OSI. Luke is the only peacekeeper who has never been a member of an OSISS peer support group. For now, Luke has decided to continue with individual therapy only. For Mary, the experience with OSISS was not positive. When the OSISS peer groups were first developed those chosen to coordinate were male and of have a certain rank. Mary was not offered one of the coordinator's positions. She felt that the military was abandoning her again. Could gender have played a role in Mary not acquiring a coordinator position? Mary attended one of the OSISS groups but realized that she was much further ahead in her healing journey. Presently, Mary is on a healing journey of self discovery and does not attend an OSISS group. Although Mary's experience was not as positive, presently, OSISS has made changes and has recruited females as regional coordinators.

We will turn to the other peacekeepers experiences with OSISS which leads to a discussion of the theme, Operational Stress Injury Social Support (OSISS): Making sense out of nonsense.

### Operational Stress Injury Social Support (OSISS): Making Sense out of Nonsense

> Did you ever see that movie, *Saving Private Ryan?* There's a moment about halfway through the film where Tom Hanks lost a couple of guys when they're marching to France to find this private Ryan kid. They're questioning; this is not worth it. There's a church and all the soldiers are sleeping. The sergeant is eating out of a tin can at a candle. One of the two says to the other, I hope this fucking guy is worth it because we're losing guys. The other one says, well maybe he is worth it. Maybe he'll go on to invent a long lasting light bulb.
>
> The light bulb came on. When OSISS began, it was my way to say maybe that's why we're fucking spared. Maybe that's why I didn't blow up in that minefield

> that day. I walked out of there and I thought lucky, because there were mines everywhere. I happened to not step on any. So maybe I was scared, I'm not a religious man at all. I don't believe in God one bit. When OSISS began, it gave me a purpose. I figured now it makes sense. Now it makes sense.
>
> The term OSISS evolved from two things. A term was created that would not be stigmatized, so that's the first part; Operation Stress Injury. The term injury was there because I'm not sick, somebody who loses a limb isn't sick. He's suffered an injury like a car accident. For me when that kid got shot, I didn't get physically injured, I got psychologically injured. Social Support was used because a lot of doctors said you better not get involved in medical care. So social support was used so that the doctors don't think we're diagnosing people, so that's how the term OSISS came about.

When reflecting on the conversation of the soldiers in the movie *Saving Private Ryan*, who are risking their lives to save Private Ryan, Simon describes the inception of OSISS. The soldiers say that maybe the sacrifice and effort will be worth it, because Private Ryan might go on to invent the long lasting light bulb -- something that will benefit humanity. Perhaps, Simon rationalizes that his life was spared in the minefield so he could do some good and therefore, OSISS groups were created. In Chapter Four, Simon felt that there was no purpose in life as a whole. Now we see that OSISS has given him a purpose. The nonsense of his peacekeeping deployments and why he was spared now makes sense.

Heidegger (1971) wrote that *bauen,* meaning to dwell, is the "way in which you are and I am" (p.147). Heidegger shows that human beings continuously are forgetful of being. We have to learn how to dwell over and over again in our world. To be human means to dwell as a mortal and to remain or stay in a place. Remaining is experienced by *wunian* which means "to be at peace, to be brought to peace, to stay at peace" (p.149). Heidegger (1971) believed the most fundamental character of dwelling to be sparing and preserving. He wrote:

> To free really means to spare. The sparing itself consists not only in the fact that we do not harm the one whom we spare. Real sparing is something positive and takes place when we leave something beforehand in its own nature, when we return it specifically to its being, when we "free" it in the real sense of the word into its preserve of peace. To dwell, to be set at peace, means to remain at peace within the free, the preserve, the free sphere that safeguards each thing in its nature. The fundamental character of dwelling is this sparing and preserving. (p. 149)

Simon has been spared and freed into his preserve of peace. He in turn spares and preserves the well-being of other *brothers* by helping to develop OSISS groups across Canada. The *brothers* from the military family spare and preserve the *Band of Brothers* within the OSISS groups for healing to take place. The OSISS groups also work towards helping the peacekeepers learn to re-dwell in their world as Heidegger has stated above, to make their lives liveable again.

Simon goes on to explain that it was lucky to have a General who was a visionary and therefore, approved the development of OSISS peer groups. Once again is good leadership in the military hierarchy in the face of an OSI the exception and not the rule? The name OSISS was developed because the term 'injury' is important rather than 'sick' because like a physical injury, psychological problems are due to injuries sustained while serving in the military. The term 'injury' is used to destigmatize psychological problems. The term 'social support' is added so that medical personnel are not threatened by a *Band of Brothers* that are offering each other care. Are the medical personnel worried that these *Band of Brothers* would help to heal each other without medical support or are they worried the soldiers may retraumatize each other?

> Your responsibility for the rest your life is to avoid anything that will make you deviate from the responsibility you have for your fellow warriors who still live and, in turn, for the rest of humanity. ...You have to get your back up Finn. You have to get mad as hell and start fighting back for what you know is truly right.

> Begin by helping all the other shopping cart soldiers you find. In helping them come back to life, you will be healing America. (p.185)

The above excerpt from *Shopping Cart Soldiers* was written by John Mulligan (1997) because of the anger and sadness he felt every time he saw a homeless Viet Nam Veteran pushing a shopping cart through American streets. The homeless veterans are straddling the line between death and life. They are survivors unable to claim their survival. The central character Finn asks the Nazarene, the Christ figure that carries the pain Finn has caused, "Why?" The Nazarene explains Finn's survival mission and gives him the boon or elixir that the mythic hero is to take back from his adventure to help his fellow man. Like Simon, Finn was spared in order to take on the responsibility for his *Band of Brothers* for the rest of his life. It is their mission to help their *Band of Brothers* to reclaim their lives. In turn, they will help heal their *Band of Brothers*, themselves and hopefully, change the military culture towards those suffering from trauma.

### *Not everything is PTSD*

> In OSISS, instead of looking at the past like clinicians do, we look at the future. One of the best examples I can give is one day my good coordinator said I don't know if I made a mistake there. He said at one point I got mad at him. I said you know what that's not PTSD. You're just being a fucking asshole right now, listen to yourself, and they argued. Clinicians can't do that. Peers can. I said you did well. He was acting like a jerk and you told him off. You know what, not everything is PTSD. Every once in a while I think people need a good shake. My coordinators can give their peers a good shake. Clinicians and pension officers can't do it, and so everybody tip toes around these guys.

Simon describes OSISS as groups where peers focus on the future instead of the past. Unlike clinicians and pension officers, peers are able to confront and to get anger with each other. They know that not everything is related to PTSD. They don't make excuses for their peers when they are acting out. The *Band of Brothers* have a deeper understanding of each other than any clinician or pension officer ever could. Fellow peers don't tiptoe around the issues but confront their peers to move forward into the future. What else do the OSISS peer groups offer to those still serving and those released with an OSI?

### *A double edged sword*

> My involvement in the OSISS peer group is helpful because there are other people who have an OSI that understand and support each other. It is a double edged sword, because how much can they really help because they can't talk about medications and they can't talk about their war story that's their code. They can really just support each other and they're all seen as very ill, sick, crazy if you will. So they really can't help each other too much, but at least they have some understanding because they've lived through similar experiences.

Peter describes the OSISS peer group as a double edged sword. On the one hand, they can't talk about medications and war stories because that's the code of the group. How much can they help each other when they are limited to only supporting each other? Again, the negative language of "very ill, sick, crazy" is part of the vocabulary of this *Band of Brothers.* How does this negative language affect their ability to heal from their traumatic experiences? How much healing occurs in a place where peers can understand and support each other because they have been through similar experiences? How do the other peacekeepers feel about the OSISS peer groups?

### *It's still an issue of vulnerability*

> I am a part of the OSISS group which is sometimes helpful. Sometimes I wonder what am I doing here. Is it really helping? Other times it's quite a positive experience. But it's still an issue of vulnerability, here's the Chaplain. Do I show my vulnerability that I am being affected? Can I allow myself to receive their support? I am very limited in who and when I share my personal struggles with. I don't broadcast it, but some of the people here know what I do. I could never hide my identity especially considering I knew the coordinator and the previous coordinator was one of the individuals in the battalion where I was.

Thomas describes his experiences with one of the OSISS peer groups. He feels a need to give back what he has learned and read in the area of trauma. Thomas struggles with his role as a Chaplain to provide support to the others in the group or is he there as one of the wounded? Because it is an issue of vulnerability, Thomas shares his personal struggles with very few people. Thomas wonders, will he ever allow himself to receive support from the group? Soldiers are trained to be tough and invulnerable. How do the other peacekeepers begin to show their vulnerability and woundedness to their *Band of Brothers*? Is it difficult for the other peacekeepers to receive support from their *Band of Brothers*? What is the experience of the other peacekeepers that are recognized from their military service in their OSISS peer group?

### *It was very cathartic*

> I walked into my first OSISS group. I knew all these guys. They looked at me and they said Padre, you? Like they thought I was a presenter. We all look at one another, like you're here? You're here? You're here? Guys that you know were all parachutists and paratroopers from the Air Borne Regiment in Somalia. A whole whack of 'A' personality trained dogs, all the expertise you'd ever want to give somebody to survive in that environment, and still they broke. Is that helpful in anyway? Yes, to know that you're not the only one that is broken. It was very cathartic to meet other people that I had served in the military with who were also injured in terms of having PTSD. I thought we should all put on our medals and go to Ottawa and stand in front of the parliament saying that we were the broken ones. I think OSISS is a very informal but a very practical case management group

Matt describes his experience with his first OSISS group. Prior to the formation of OSISS, Matt goes on to explain that he tried to obtain the names of others who were suffering with an OSI. Veterans Affairs would not release any names because of confidentiality. This left Matt with a sense that he was the only one dealing with an OSI. Three years after his release, OSISS groups were started across the country. Although he has never been a member of Alcoholics Anonymous (AA), Matt compares the OSISS group to this organization. Like the members of AA who have an addiction to alcohol, Matt meets others from the Airborne Regiment who 'broke' like him from their traumatic experiences overseas and from within the military family. Unlike Thomas, Matt finds meeting other fellow soldiers with an OSI to be very cathartic. Rather than concealing their OSI, Matt feels that they should go to the parliament buildings in Ottawa to stand with their medals and say that they are the 'broken' ones. Matt goes on to explain that the group has made him more empathetic and a better confessor. He has a deeper understanding of his fellow soldiers' personal struggles and difficulties. It echoes in different places than it ever would before connecting him to a much greater world. Unlike Thomas, Matt who is also a Chaplain is open to revealing his identity as one of those suffering from an OSI. Is this because Matt has been released from the military whereas Thomas is still serving? Has the military culture not changed enough for Thomas to be able to reveal his suffering to an OSISS peer group? We will return to the topic of the military culture later in on in this chapter.

### *The biggest thing is membership*

> I contacted OSISS and set up the meeting with him. He came and we talked. It helped a lot. I had somebody to talk to and to find out that, I'm not as crazy as I thought. I go to meetings with OSISS. The biggest thing is membership. Since I took my step forward I realized that there are so many guys, some guys that I would never have suspected. I'm one of the guys that nobody would ever suspect.

Tim describes his meeting with one of the OSISS coordinators. It helped him to realize that his is not as 'crazy' as he thought. The word 'crazy' is another derogatory and negative label acquired by those suffering from trauma. For Tim, the most important aspect of OSISS is membership. It has made him realize that there are many peers that he never would have suspected had an OSI. Tim is one of the members that nobody would have ever suspected. OSISS groups help to break the silence and the secrecy around trauma and suffering from an OSI. It brings back together the *Band of Brothers* to understand and support each other. Do the OSISS groups recreate the '*Band of Brothers'* and thus, help the peacekeepers to heal?

### *Knowing that you're not different: It has helped me*

> I see a difference in our groups. The people are changing and they're feeling better. They're happier, slowly, but I can see some changes. We all have anxiety, stress, some have more nightmares than others. Some have other disabilities or some are taking drugs or alcohol. We're all at different levels but we all feel the same. Knowing that you're not different because that was for me one of the reasons I waited; I said I can live with what I have, and it's not the end of the world. I was able to tell my family and my close friends. When I went there at first, I was hearing the stories and everything and I said I didn't go through that much. After a while I realized I went through that much. So it was good for me because I know that it's just not me. So it has helped me.

Paul describes his experience with one of the OSISS groups. He can see changes at different levels for each member of the group. These fellow soldiers or *Band of Brothers* may be reacting to their trauma in different ways. However, Paul realizes that they are all the same as the common bond is the trauma of their military experience and their suffering. Listening to each others stories helps them to communalize their trauma. Paul feels that it helps to know that he is not different from them. It's not just him who is suffering with an OSI. In sharing his experiences, he is helping and being helped by his fellow *Band of Brothers*. This kind of healing can only take place with others who have gone through the same or similar traumas.

### *These guys are the same as me*

> OSISS is a big emphasis. I can't see the military surviving without it now. It would be such a politically bad thing for them to do. This coordinator job allows me to reach out to somebody with an OSI such as PTSD or other psychological problems when needed. I started attending the group and it was so liberating. My first group, sitting there and somebody said something. I said yea, I get pissed off too when somebody cuts me off in traffic. I am listening and these guys are the same as me. They got the same metals. I thought well these guys are doing okay. They're supporting everybody else here. This is great realizing that it's so important for somebody else knowing what they've been through and being able

> to relate. There's no judgment. We don't care what your background is in the military. Whether you're an air force or you're army, we don't care what trade you are. You've got a psychological injury. Everybody knows they're there for a reason. They're there for support. This is how you heal yourself. That's why our support groups are so good because when we get to these groups, I might see something quirky that somebody else does but I'll understand.

James describes his experience with an OSISS peer group. He goes on to explain that he was recruited to be the coordinator of one of the regional groups. In his position, James is able to reach out to others with an OSI in the group or individually over a cup of coffee. James has found it liberating to be able to identify and to relate to his peers in the group. He knows that these *Band of Brothers* understand and support each other. No one cares about rank or what area the peer served in the military family. There is no judgment as their common bond is their brotherhood and suffering from the trauma of military deployments and trauma from within their military family. Peers have a common understanding of each other. James feels that this is how a person heals themselves. The *Band of Brothers* heal themselves and each other.

### *Helping each other: It's like a snowball effect*

> It was coming to OSISS and talking to the peer coordinators that you realize you're not alone. There is hope. It still took me awhile to go into the group sessions. It was a friend of mine who actually took me to my first meeting. That first night I wanted this group to happen every night. You only meet once a week, once every two weeks. It was through the peer support group and talking to other peers, and seeing their successes, that actually okay; this type of treatment or this type of medication may help me too. The group is expanding too. The rules of OSISS it's like no war stories because it may set some one off, it's talking to somebody else that has PTSD and helping each other. A friend that I helped through a tough time six months ago is now doing the same for people in his community. It's like a snowball effect.

John describes his experience with one of the OSISS peer groups. He goes on to explain his initial reluctance to join an OSISS group. Eventually, his friend brings him to a group. John realizes that he is not alone. His peers also have an OSI such as PTSD. He realizes that others with an OSI get better. There is hope as John is able to see his peers' successes which helps him with choosing treatments and medication. The OSISS members help each other in the group to get better. In turn, like a 'snowball effect', they help others with an OSI living in the community.

What remains for OSISS? What stands in the way of healing from the trauma of peacekeeping and the trauma from their military family?

### *A change in military culture*

> They think you were going to infect people with it. That's what I'm trying to do with OSISS is to change the culture. It'll take 10-20 years though, if we get there. I don't see any obvious signs that it's changing. People will say oh yea, we've come a long way and we still have a long way to go. It's a cliché to say that, I don't know what they're referring to when they're saying we've come a long way. Two videos have been made to change culture in the military. One video is a bunch of vets and these two doctors talking about the condition with deliberate messages to make soldiers reflect over. Maybe he's not faking, maybe he really has a problem, so a change of culture. The other video is all spouses, children and husbands of military people who suffered through this. The messages are to educate and remove the guilt and tell spouses that they're not to blame and tell them they may need help. So it's about education to try and change the culture.

Simon describes the military's response to their soldiers who have sustained an OSI. Traumatized soldiers are still treated as if they could infect someone else with an OSI. One of the goals of the OSISS program is to change the military culture. Presently, Simon equates the few changes in the military culture to telling a homeless man on the street that the temperature is a lot warmer than yesterday. It's -35 instead of -36. In theory it's a little warmer, but the change in temperature is so slight that it makes no difference to the homeless man freezing on the street. Traumatized soldiers like the freezing homeless man are left outside in the cold by their military family. Whether or not they are still serving or released their remains a cultural attitude that their military family doesn't want them. OSISS has made two videos to try and change the military culture. One is about veterans discussing their OSI and the other video is about families of soldiers with an OSI. In both videos, education is the key ingredient used to try and change the military culture. Only time will tell if these videos are effective in helping to change the military culture's attitude towards those suffering with an OSI.

In *Carry Me Home* by John Del Vecchio (1995) the character Bobby Wapinski claims that the key to healing from war trauma is to commit one's self to something outside the self. He tells other veterans that in war, they committed themselves to a cause that was greater than themselves and that they should use that same selflessness to promote growth and understanding in the community.

With the establishment of the OSISS program, peers suffering from an OSI are healing from the trauma of their peacekeeping deployments by reaching out to promote growth and understanding both in their military community and the civilian community.

In summary, I endeavored in this chapter to show how peacekeepers heal from the trauma of peacekeeping. The centrality of the body in healing from trauma was revealed by the peacekeepers. Peacekeepers also revealed that embodied emotions and feelings are remembered in and on their bodies and the bodies of veterans across generations. Bodily memories of the trauma reminded the peacekeepers that to feel was the way towards their healing. Many of the peacekeepers felt that healing or recovery is not possible without the support and recognition of their suffering from their military family.

Treatment approaches that help peacekeepers heal range from medications to a personal journey of discovery. Despite a variety of treatment approaches, peacekeepers revealed that they continue to struggle to connect to their embodied feelings and emotions in their lives at home. Regardless of the treatment approach, there remains this profound disturbance in how they react to the world around them. They do not have the comfort or the taken-for-grantedness that untraumatized people experience in the entwining of their body in the world as Merleau-Ponty describes above. Simon's participation in the development the OSISS groups became a way to make sense out of the nonsense and to make his world liveable again. The *Band of Brothers* recreated by the OSISS groups offer understanding, support and hope. In addition OSISS strives to change the attitude of the military culture towards those who are suffering and healing from trauma.

# CHAPTER EIGHT: FORWARD MARCH

*"If there's no meaning in it," said the King, "that saves a world of trouble, you know, as we needn't try to find any. And yet I don't know," he went on, spreading out the verses on his knee, and looking at them with one eye; "I seem to see some meaning in them, after all" (Carroll, 1865/1992, p. 185).*

This study began with the following question: *What is the experience of contemporary peacekeepers healing from trauma?* that emerged from my practice as a Clinical Nurse Specialist/Nurse Practitioner. I wanted to understand more deeply the suffering that I witnessed in my practice and how to respond to this suffering with treatment approaches that would help in the healing process. I started with a phenomenological framework and then found I had to keep the voices of the peacekeepers and their told story central to my writing of the findings. Therefore the methodology evolved to be partly biographical and narrative as well as phenomenological in order to preserve their way of revealing their trauma to myself as a researcher. I found this much different from being a trauma therapist where the person might conceal their deep suffering until they determine the response of the therapist, i.e., "readers digest version", to see whether they are traumatizing the therapist. Yet with myself as researcher, yet identified as a Clinical Nurse Specialist/Nurse Practitioner, they somehow were able to reveal without hesitation their suffering while trying to heal from the trauma of their experience.

To understand the unique experience of contemporary peacekeepers healing from trauma as a result of their deployments to Somalia, Rwanda and the former Yugoslavia, my research question, *what is the experience of contemporary peacekeepers healing from trauma,* was multi-layered and thus, two related inherent aspects of the question are:

*What is the experience of contemporary peacekeeping and how does it lead to trauma? Are contemporary ways of treatment helping peacekeepers to heal?*

Bergum (1991) states that research is a "drama, an interactive involvement between the 'researcher' and the 'researched'" (p. 43) and most importantly *both* or *all* are affected by the "lived tension between the inner passion and the outer activities as experienced" (p. 43). The notion of drama and passion emerged as the study evolved into "a dialectic between the inner commitment (the interest, the passion), and the outer activities (stating the question, establishing the approach, operationalizing the tasks, writing and re-writing)" (p. 43). During my phenomenological journey, I learned to listen to the peacekeepers both in their presence and while reading and re-reading the transcripts. In my practice and in my research, I was struck by the clarity and eloquence with which each of the peacekeepers described their experiences. The purpose of this study was to emphasize the experience of healing and to focus less on the disabling nature of the trauma. However, throughout the research process, I was struck by their descriptions of suffering while healing from the trauma of peacekeeping.

In this final chapter I first turn to an artistic source titled "*Injured*" to evoke an understanding of the peacekeepers suffering while healing from trauma. Then, I discuss the metaphor of *Alice in Wonderland* followed by a discussion of three overarching analytical interpretations that emerged from the interpretive inquiry. Next I discuss implications for nursing practice, education and future research followed by recommendations for the military based on this study.

## *"Injured"* by Gertrude Kearns

According to Skeat (1983), etymologically the word suffer comes from the Latin word sufferre "to bear, undergo, endure, carry or put under," and "to undergo, endure" (pain, death, punishment, judgment, grief), from Anglo-French origins (p. 528). The word pathos comes from the Greek word pathos which means "suffering, feeling and emotion" (p. 376). I could not turn away from the compelling pathos in front of me. Their experience of suffering was intertwined and inseparable from their experience of healing and needed to be articulated.

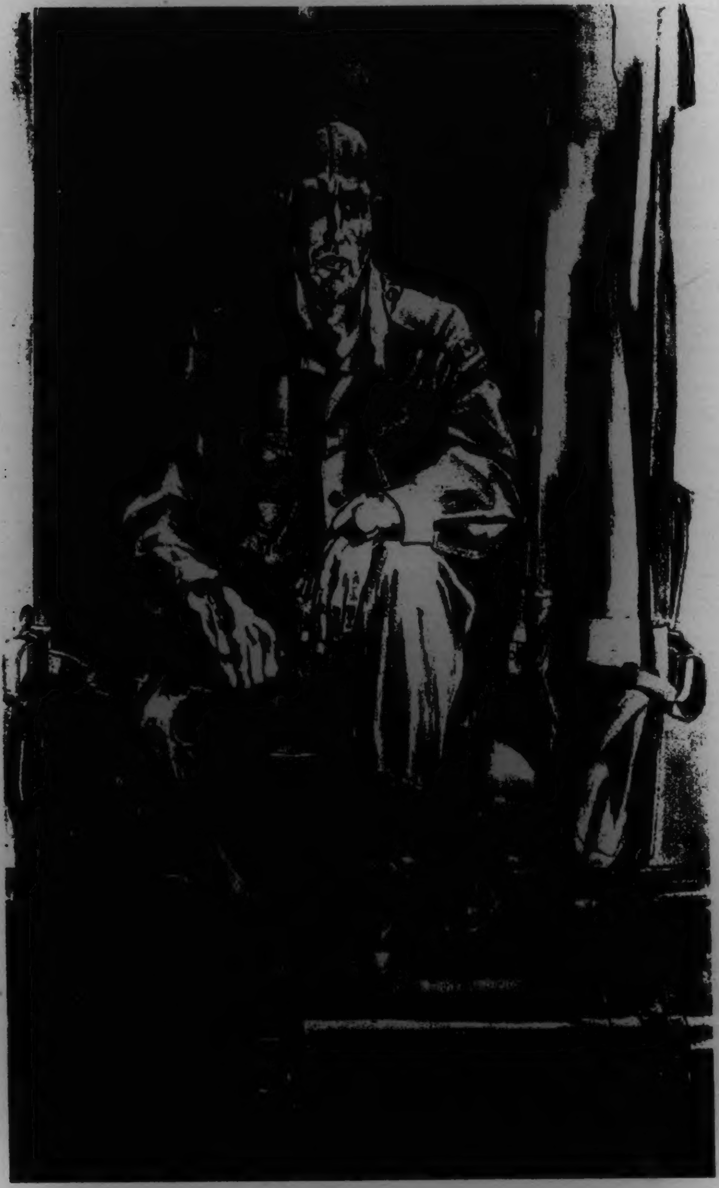
To try and find a way to bring me closer to articulating their experience of suffering and healing from the trauma of contemporary peacekeeping, I turned to the following artistic endeavor. The Toronto-based artist Gertrude Kearns discusses her work that lead up to the subject matter titled *'Injured'* (2002):

> The work around this painting has been preceded by an interest in trying to relate (as a civilian) to the experience of military personnel in Rwanda during Canada's involvement in the 'peacekeeping operations' of 1994-95. I originally spent time in 2001, prior to 'Injured' working on a series in which the aim was to reflect on the same situation from General Dallaire's position in the scheme of things. It subsequently seemed equally relevant and interesting to try to project through paint the feelings of a soldier who is without name or rank, as he is supposed to represent the common assimilation of the experience, and reaction to, the mission.
>
> Discussions with a variety of individuals, who were either 'there' or had knowledge of the horrors, were absolutely vital as a way for me to live the experience (though the closer I got the more presumptuous my role felt). I have of late read through the Ombudsman's 'Report to the Minister of National Defense, on the 'Systemic Treatment of CF members with PTSD; it seemed the perfect final piece of reading, at this stage, on which to conclude my feelings for inspiration, and to truly relate the painting to the absolute present- as regards serious efforts in the Canadian Military to develop a modern vision mental health approach in the treatment of soldiers with Post-Traumatic Stress Disorder(G. Kearns, personal communication, January 3, 2007).

The following is the artist's statement in relation to her work titled *'Injured'* (2002):

> This painting focuses on the figure of a contemporary Canadian soldier. He is seated in the midst of army stretchers, unarmed, yet tightly clasping a UN beret. He seems ready and capable physically to engage, yet is simultaneously withdrawn and preoccupied. The purpose of this study is to express the concern and subsequent stress which many personnel experienced during and/or after their recent overseas missions and the resulting response/ attitude. Will he get help or does he just need help?
>
> The use of stretchers is an analogy for the critical assistance and care required in response to injury, even when it is not physical in nature, but psychological; the depiction of each is meant to be a metaphor for the past and present, the needs and stages of recovery, and undeniable platform upon which our soldiers today find themselves. The UN beret, held with a 'white-knuckle grip', casts a blood red shadow, which speaks to the paradoxes and horrors of today's mission. The helmet is there to protect his head- but it cannot shield his conscience or sense of honor. Again, the right side of his forehead is in shadow with an abrasion/ injury which neither his beret nor helmet could deflect. His other hand is relaxed and the light hits his watch. There is no hour to read. Time is open, time is required, but he is doing time, his own time. Will he recover, what is recovery- everyone is particular. The light and direction of focus is meant to convey a sense of hope, growth, healing, in the face of legitimate psychological torment (G. Kearns, personal communication, January 3, 2007).

By inviting the viewer to respond to her work on both an emotional and an intellectual level, Kearns's artistic expression brings us closer to understanding the experience of peacekeepers suffering and healing from trauma. The image of the Canadian soldier represents universal statements on the tragedy of human suffering from the trauma of war and peacekeeping deployments. The soldier's watch has no hands to read the time and thus, he is doing his own time. However, even the artist's words might distract us from fully experiencing the painting. Will he continue to suffer or will he heal from the trauma? How do we put words to the expression of anguish and compelling pathos on the face of the Canadian soldier that Kearns's has (re)presented?



**Injured: PTSD (Study of an unknown Canadian Soldier)** Permission granted to use the image of 'Injured' 11/01/ 2007.

**Materials**: acrylic on canvas, **Measurements**: 78 x 58 in.; 198 x 148 cm
**Collection**: Veterans Affairs Canada donation to the War Art Collection, Canadian War Museum. ©**Gertrude Kearns May, 2002.**

## The Metaphor of Alice in Wonderland

In my struggle to articulate the experience of contemporary peacekeeping suffering and healing from trauma, I used the metaphor of Alice's Adventures in Wonderland. Lakoff and Johnson (1980) suggest that metaphors not only make our thoughts more vivid and interesting but that they actually structure our perceptions and understanding. The metaphor was used to help structure our perceptions and understanding by entering into the world of a child lost in a mysterious land, but not to stand for the experience of peacekeeping or suffering and healing from the experience itself. The reality of Alice's experiences in Wonderland is similar to the peacekeepers unreality of their peacekeeping deployments. How did the metaphor of Alice help us to understand the experience of contemporary peacekeepers suffering and healing from trauma? Did Alice experience trauma in her journey through Wonderland?

The book deals with the sometimes precarious world of children at a time when the advent of industrialization had raised people's consciousness of child labor and exploitation (Carroll, 1865/2000). As well during this period in time, Freud described early childhood sexual trauma as the etiology of hysteria (Healy, 1993). The creatures of Wonderland symbolize the dangers of the adult world that baffle and confuse. *Alice* is not without "adult" friends along the way: for example, the *Caterpillar* and the *Cheshire Cat* are two enigmatic creatures that seem to understand how Wonderland works. They help *Alice* at key points. However, there is a sense of mystery and a fondness for the sinister; as even these two "adult" characters who aid *Alice* have a dark edge to them. Childhood is a state of peril in Carroll's view: children are quite vulnerable, and the world presents many dangers. In *Alice*'s treatment of the little drink, we are reminded of the specific perils that face children. Carroll names a few of those perils such as falls, burns, and wounds from blades that the child is too young to handle as well as poison bottles that the child cannot read. *Alice* is trained enough to read the bottle before she drinks it. She knows the simple rule in this case, and knows well enough to avoid the label "poison". The challenge of mastering the "simple rules" is going to be *Alice's* main struggle in Wonderland, and this passage hints at some of the worst consequences of not knowing the rules. Her challenge will be to learn more complex rules, reading not only labels but also situations and people as she makes her way through Wonderland. She has to learn the rules of each new encounter, but in the end she must also retain a sense of justice and develop a sense of herself.

The World of Wonderland is shadowed by the threat of death and the presence of adults who are powerful but often absurd (Carroll, 1865/2000). *Alice* frequently makes references to her own death without knowing it. The first hint of mortality comes with *Alice's* concern about the marmalade jar; her worry shows that Wonderland is not an escape from all of the limitations of the real world. Death is still a possibility. A moment later, Carroll treats us to a very macabre joke. When *Alice* is falling, she takes pride in her composure: "Well!" thought Alice to herself, "after such a fall as this, I shall think nothing of tumbling down stairs! How brave they'll all think me at home! Why, I wouldn't say anything about it, even if I fell off the top of the house!" (p. 13).The narrator grimly agrees, "Which was very likely true" (p. 13) because after falling off a house, the reason why she would not say anything is because she would be dead. *Alice* makes another unknowing allusion to her own death when she peers into the tiny door. She realizes that she cannot even fit her head through the opening, and even if she could, her head “would be of very little use without my shoulders” (p. 16). She is referring, unknowingly, to her own decapitation. The moment is both an allusion to death and a bit of foreshadowing. At the end of the book, the Queen of Hearts will try her best to separate *Alice's* head from her shoulders. Another aspect of death is its inevitability. *Alice's Adventures in Wonderland* is at root about change (the transition from childhood to adulthood, the passage of time); mortality is inescapable as a theme (Carroll, 1865/2000). Death is the final step of this process of growth.

Like *Alice*, peacekeepers found themselves far away from home in unknown lands. They are in a perilous world that presents many dangers and are faced with the possibility of their own death or injury on a daily basis. Like *Alice,* they have to learn the rules which at times seem confusing and nonsensical. They are confronted with many bodily transformations and transitions in time, space and relations. Like *Alice*, they face a nonsensical trial which in both cases results in the release of *Alice* from Wonderland and for the peacekeepers from the military. Was *Alice* traumatized? Certainly her experiences in Wonderland could have been traumatizing however, she is able to awaken from her dream and was welcomed back home to her family. *Alice* was able to retain a sense of justice and to develop a sense of herself. The experiences of peacekeeping were not a dream but a nightmare. Peacekeepers were not welcomed back home by their military family. Their sense of justice was not retained and thus, many are still trying to heal from the trauma of peacekeeping.

The metaphor of *Alice* helps us to find a way into the heart of the experience of peacekeeping and suffering and healing from trauma. The language of metaphors that the military use such as "sickies", "broken", "shunned", "shame" and "trouble with your noodles" stops the military family from understanding the suffering of their traumatized soldiers and causes further injury. The language of medical labels and diagnosis such as PTSD and dissociation creates further distancing from understanding their experience of suffering and healing from trauma as lived. While the metaphor of Alice helps us on one hand as stated above, on the other hand, it is not enough to let the metaphor stand for meaning. Rather here we moved from the experiences of Alice to the experiences of the peacekeepers. Based on this study, the military must show movement as well, away from the language of labels and treatment currently in place to the language of respect and care.

I return to the significant question in this study posed by van Manen, "do we make them sick to make them well?" which traveled with me throughout the research process. In the Regeneration Trilogy by Barker (1991), Dr. Rivers who cared for World War I veterans was plagued by the same question. The question he asked is because the "sheer extremity of his suffering set him apart from the rest" (p. 19), should he be asking him to talk about the experience as a way to healing. Today, it is a common treatment pathway with individuals post trauma. It is a significant question in light of the compelling suffering of the peacekeepers and yet they willingly spoke about their experiences. Is this a way to begin to heal from the trauma? According to Fussell (1975) the real reason why veterans of War World I fell silent was they discovered no one wanted to listen to the unspeakable. "We have made unspeakable mean indescribable: it really means nasty" (p. 169). Every trauma story pierces and challenges the rightness of themis which non traumatized adults wrap themselves up in as a mantle of safety (Shay, 1994). This is another reason for not wanting to listen, to avoid or to forget them. I discovered in this study that all the peacekeepers needed to talk about their traumatic experiences.

The advice that soldiers consistently give to me and to fellow trauma therapists in practice is "Just Listen! Listen". Nurses and other health care providers provide "the role of witness in whose presence the survivor can speak the unspeakable" (Herman, 1992, p. 175). This study has deepened my understanding of the need to listen and to bear witness to the suffering of peacekeepers. I believe the fact that these peacekeepers can speak at all of their experience is a major sign of healing. I believe unhealed trauma is due in part to our unwillingness to listen and to acknowledge their suffering. Healing from trauma depends on the communalization of the trauma- being able to tell the story to someone who is listening and who can be trusted to retell it truthfully to others in the community (Shay, 1994). The listeners must be strong enough to hear the story without denying the reality or casting blame. The listener must be willing to feel the experience in all of its terror, grief and rage. Without emotion in the listener there is no communalization of the trauma (Shay, 1994). Respect embodied in this kind of listening engages both to see something from a new perspective offering a new way of being in the world. In the words of Cameron (2006), "we must present the unpresentable in our emerging texts…we must bear witness to the hiddenness of the being of the Other" (p. 33).

As I approach the end of my phenomenological exploration of the experience of contemporary peacekeepers healing from trauma, I still feel that it is something beyond our human capacity to grasp and beyond words to articulate the horror as it was experienced by the peacekeepers. There is a loss of language to represent such compelling pathos on the faces of the peacekeepers who sat in front of me in conversation. We replace their language of suffering with the medical jargon of diagnosis and treatment modalities. What hubris makes us think that we can distil their suffering and healing from trauma into categories or labels like PTSD and dissociation and expect this to stand for their experiences? So instead of classifying, labeling and categorizing, before trying to do anything we should listen. All too often our mode of listening deteriorates into intellectual sorting with the mental health professional grabbing the soldiers' words and sticking them into categories such as PTSD and dissociation.

One veteran in the book by Shay (1994) stated these stories are "sacred stuff" (p. 5). Etymologically, the word *sacred* comes from the old French *sacrer* or the verb *sacren* "to make holy" from the Latin *sacrare* "to make sacred, consecrate,"from the old Latin *saceres, sacer* (gen. *sacri*) "sacred, dedicated, holy, accursed" and the nasalized form is *sancire* "make sacred, confirm, ratify, ordain"(Skeat, 1983, p. 459).Tucker (1976) connects to the base *saq-* "bind, restrict, enclose, protect," explaining that "words for both 'oath' & 'curse' are regularly words of 'binding' (p. 451). I believe we as nurses enter into a sacred embodied space with peacekeepers that binds us to confirm and protect them in their suffering. The passages described by the peacekeepers contain "sacred stuff" of the particularity of each individual's experiences that cannot fit into any category.

In Chapter Four, the peacekeepers' descriptions of the situatedness of their bodies in time, space and relation provided a fresh way into understanding the experience of peacekeeping. It is my hope that the metaphor of 'Down the Rabbit Hole' from *Alice's Adventures in Wonderland* provided a felt or more deeply sensed understanding of the expressive-mantic aspects of the excerpts from the peacekeepers.

In Chapters Five, Six, and Seven, three overarching analytical interpretations emerged from the inquiry based on the particular experiences of contemporary peacekeepers suffering and healing from trauma. The interpretations are: The centrality of time and body in suffering and healing from trauma; the centrality of brotherhood and grieving loss in the military family; and the military response as betrayal and creating trauma from within. Each interpretation will be discussed followed by how they inform nursing practice, education and research.

## The Centrality of Time and the Body in Suffering and Healing from Trauma

The peacekeepers described their suffering in time and body while healing from their experiences. The loss of the trustworthiness of perception in time and body is one of the major concerns for peacekeepers suffering and healing from trauma. Effortless understanding of the perceptual background which establishes and reveals the contextual meaning for experience is an essential part of healing. Throughout this study, peacekeepers described their suffering as disruptions in their perception of time and their bodies.

Although I focus here on time and the body for a clearer understanding, in phenomenology body in time, space and relation are intertwined and inseparable. Phenomenologically, we perceive the world with our bodies and thus are never able to be out of our bodies (M. van Manen, personal communication, May 26, 2005). The lived body is a bodily self that senses the qualities of the world in which it is immersed and situated.

According to Merleau-Ponty (1962):

> Whether it is a question of another's body or my own, I have no means of knowing the human body other than that of living it, which means taking up on my own account the drama which is playing out in it, and losing myself in it. I am my body. (p. 198)

Frank (1995) writes about the monadic and the dyadic body. The person living in the monadic body lives a solitary existence; medicine encourages a monadic body with its diagnostics, its treatments, its organ language, its symptoms and signs.

The word 'dissociation' is a medical narrative which objectifies the body and strips away the peacekeepers embodied experiences. In this work, the peacekeepers acquired the medical language as a way to approach their suffering because the words to describe don't come. Does the term 'dissociation' represent rather than present the suffering in front of us? Has it normalized the suffering and thus, taken the suffering out of the discourse? Does the term 'dissociation' that the peacekeepers described make the suffering more bearable for the listener to hear and give both the distance needed from the horror? On the other hand, dyadic bodies are aware that they exist for each other and offer "an ethical choice…to be a body for other bodies" (Frank, 1995, p. 37). Nurses spend time bridging the monadic (gnostic body known to science) with the dyadic body (pathic body) that expresses itself (Cameron, 1998; van Manen, 1995). Nurses try to understand the particularity of each suffering body and try to alleviate the suffering of the pathic body (Cameron, 1998). The pathic body is where we live our lives and where the healing takes place.

I return to several of the excerpts to further illuminate the centrality of the pathic body and time in suffering and healing from trauma. Turning to the suffering of the pathic body in disrupted time as described by the peacekeepers reveals to the reader how trauma is relived. Matt describes (p. 215-216) how the body holds the memories and that on particular dates of past traumatic events he feels his adrenal gland secrete as well as his legs and back muscles and all of his joints seize up. Many peacekeepers have somatic complaints such as tension headaches, gastrointestinal disturbances, skin disorders, abdominal, back and neck pain as well as rapid heartbeat (Wagner, Wolfe, Rotnitsky, Proctor, & Erickson, 2000). These somatic sensations are reminders of the traumatic memories stored in the body (Ogden & Minton, 2000). Scaer (2001) asserts that when patients present with somatic complaints it is important to question the patient about exposures to traumatic events. This is consistent with van der Kolk's (1994) thesis that the "body keeps the score" when exposed to highly emotionally stressful events. One wonders as Simon (p. 167) describes whether trauma speeds up the process of physically getting old.

Recent research suggests that trauma may have deleterious effects on physical functioning as well (Wolfe, Schnurr, Brown, & Furey, 1994). For example, the experience of trauma has been associated with increased self-reports of health problems (e.g., Litz, Keane, Fisher, Marx, & Monaco, 1992; Ullman & Siegel, 1996), objective assessments of increased medical problems such as cardiovascular disease (e.g., Falger, Op den Velde, Hovers, Schouten, DeGroen, & Van Duijn, 1992), increased medical utilization (e.g., Kimerling & Calhoun, 1994), and mortality (Friedman & Schnurr, 1995). Turning to the excerpts, Mary (p. 194) has been diagnosed with hypothyroidism, fibromyalgia and irritable bowel syndrome. This suggests that trauma may result in an even greater cost to both the individual and the health care system in general than previously suspected. As Matt (p. 210) has realized ultimately patients should be able to see the relationships between their current somatic symptoms and their histories of trauma. Working through their traumatic experiences may prevent or resolve many of the aforementioned physical problems.

Traumatized peacekeepers often feel unsafe in their bodies. Turning to the excerpts, Mary (p. 175-176) perceived her feet as being disconnected or detached from the rest of her body. Healing begins with the establishment of safety and self-care by focusing on the body and then gradually moving to the external environment. The body is a tremendous resource that often goes underused in trauma therapy. Using non-touch techniques, the therapist can help the client to access this resource (Ogden & Minton, 2000). There are body awareness techniques used in trauma therapy such as grounding that help peacekeepers to gain mastery over the flashbacks and other intrusive phenomena.

Turning back to the excerpts, Simon (p. 163) describes how grounding helps him to stay in the present rather than experiencing a flashback. Tuning into the body can help clients identify emotions, make sense of sensations, separate past from present, and develop healthy boundaries. Therapists can use awareness of the client's bodily responses to pace the therapy and keep the client anchored in the present. Rothschild (2000) emphasizes the importance of pacing the therapy to the needs of that particular client and using body awareness to apply the brakes when necessary. The body truly does remember what the mind might prefer to forget. Listening to the body may help the mind in the arduous task of making sense of the trauma, or at least one's reactions to the trauma, facilitating healing at just the right pace, placing the past in the past, and living in the present with new hope for the future.

Turning to the excerpts, Mary (p. 241-243) describes how her journey through the labyrinth has helped her as a technique to feel safe in her body. Rothschild (2000) asserts that, in order to heal, trauma survivors need to feel and identify their bodily sensations, learning to use language to name and describe them and articulate their meaning. The naming of these as separate emotions, creating a language of emotion, whether in art form or in words, is an important part of healing from the traumatic memories. Turning to the excerpts, Simon (p. 179) describes how trauma has burnt all the array of emotions, leaving him with mad, sad and glad. Naming is one of the early stages of the communalization of trauma by rendering it communicable (Shay, 1994). In the end the treatment for 'dissociation' is for peacekeepers to not be afraid of being in their bodies and to express their embodied feelings and emotions.

The body's storage of traumatic memories and the impact traumatic memories have on the body are essential features of trauma and need to be addressed in the healing journey. Traumatic memories may be stored differently in the body (van der Kolk, 1994). Whereas nontraumatic memories are stored in a verbal, linear narrative; traumatic memories are fragmented by the disruption in the unifying thread of time (Stolorow, Atwood, & Orange, 2002; Stolorow, 2003). So long as the traumatic moments persists the unifying thread of temporality is disrupted. Turning to the excerpts, James (p. 157) describes how ten seconds felt more like 10 hours during his deployment. For Paul, (p. 160-161) the seconds stuck like hours and part of him stayed over there. While on deployment, the disruption in the unifying thread of temporality that links past, present and future shrinks their horizon to only getting through the now and to the timeless shelter of possible death (Shay, 1994).

Upon their return home, the disruption in the unifying thread of temporality accompanied by their inability to feel embodied emotions and feelings detaches many peacekeepers from their current life experiences. Turning to the excerpts, Peter (p. 178) describes that in civilian life one has to have feelings or else one leads a very lonely existence. Narrative time that links past, present and future is built into the very structure of the family of languages to which English belongs (Shay, 1994). For peacekeepers suffering from trauma, their experience is ineffable in a language that insists on "is" and "will be". The trauma world knows only *was* as the past is relived in the present.

Traumatic memories reoccur as either a full sensory replay of the traumatic events in nightmares or flashbacks, with all things seen, heard, smelled, and felt intact, or as disconnected fragments (van der Kolk, 1994). Tim (p. 217) describes how a certain smell brings back all the traumatic experiences. The smell of chicken for Paul (p. 217) brings back the same smell making him perceive that he is back there again. In other instances, events of the facts are preserved without any feelings and emotions. Turning back to the excerpts, John (p. 171) describes emotional numbing; Peter (p. 171) describes shutting down his emotions and Luke (p. 175) describes suppressing his feelings and not giving them their due. For Mary (p. 176-177) emotional numbing has become "normal" and she recognizes only anger or sadness.

Recalling these memories may be painful and disturbing for peacekeepers and are logically dreaded and avoided. When traumatic memories occur as a flashback or nightmare, the emotions of terror, rage and grief may all merge into one (Shay, 1994). Once the reexperiencing is underway, the peacekeeper can't stop or put it away and the helplessness associated with the original experience is replayed as well. Such emotion is relived, not remembered. The task is to remember the memories rather than relive and reenact and to grieve (Shay, 1994).

Personal narrative is a step towards the communalization of the trauma by inducing others to feel what they went through, although with less intensity (Shay, 1994). The narrator is able to free themselves from the aloneness by sharing their experience with others (Herman, 1992). Forgetting trauma is not a legitimate goal of treatment. The trauma narrative can give a voice to the unspeakable horrors of peacekeeping deployments. The ancient Greeks revered Homer, the singer of tales, as a doctor of the soul (Fagles, 1990). In the *Odyssey*, Homer paints a (self) portrait of the epic singer whose healing art is to tell the stories of Troy with the truth that causes the old soldier, Odysseus, to weep and weep again (Fagles, 1990).

According to Rothschild, the goals of therapy should be to reconcile implicit and explicit memories stored in the body into a comprehensive narrative of traumatic events and their aftermaths, to eliminate hyper arousal in connection with those memories, and to consolidate traumatic events into one's personal narrative. In the words of one peacekeeper, Thomas (p. 220) healing is described as "trying to reach a new normal". In the end, healing requires not only remembering and reconciling the bodily memories, feelings and emotions but grieving the dead, the loss of innocence, the loss of their brotherhood, and their military careers.

## The Centrality of Brotherhood and Grieving Loss in the Military Family

The word *brother* and *band of brothers* appears in the excerpts and in my practice as everyday talk of contemporary peacekeepers. As revealed in the excerpts, the "brotherhood of soldiers" is created by the military family and deepens overtime. Turning to the excerpts, Matt (p. 111) describes how the military becomes your family while the strings of your civilian family described by Peter (p. 111-112) become undone. Tim (p. 112) describes the tightening of the military family bond over time. The reality of the experience of peacekeeping calls forth the language and emotion of the earliest and strongest family relationships in every place and era (Shay, 1994). The kin relationship, *brother,* seems to be the most commonly spoken symbol of the bond between soldiers' closet comrades. As described by Matt (p. 118) this bond connects veterans across generations.

In Chapter Four, the word brother and *Band of Brothers* emerges from the text when Luke (p. 113) describes living together twenty for hours a day in a very close environment. Over time as described by Tim (p. 114-115) his brother soldiers become closer to him than his own brother back home. John (p. 116) describes "a glorious moment" when one of the Band of Brothers, a bearded Spaniard, tells him that they will take care of him.

A powerful bond arises among peacekeepers which leads them to value the others' lives over their own. Tim (p. 114-115) describes how he would risk his life and die for any guy in his platoon. In our modern times, the word *love* for fellow soldiers can be turned into a problem because the word evokes sexual and romantic associations (Shay, 1994). However, the word *friendship* seems too superficial for the passion of care that arises among contemporary peacekeepers.

The difficulty in finding the right word goes back to the time of Homer's *Iliad* which was composed about twenty-seven centuries ago about soldiers in war (Fagles, 1990). In the *Iliad,* the betrayal of "what's right" (thémis) by his military leader eventually shrinks the horizon of Achilles' emotional bonds from the whole Greek army to his own troop, the Myrmidons and then shrinks down to just one man, his adopted brother, Pátroklos who is killed in battle (Shay, 1994). Achilles mourned the loss of his phílos or his greatest friend (Fagles, 1990). Phília includes many relationships such as the one between mother and child, husband and wife and all close family relations with the emphasis less on "intensely passionate longing than on benefit, sharing and mutuality"(Nussbaum, 1986, p. 354).

Many suicides occurred among contemporary peacekeepers who served on deployments to Somalia, Rwanda and the former Yugoslavia. As described by Tim (p. 119-120) the death of a brother in the military family is a profound loss. Often feelings of guilt occur when the other is killed instead of them during a deployment. Tim (p. 119-

120) questions whether or not he could have prevented or suspended for awhile his military's brother suicide. Many peacekeepers expressed a sense of betrayal of "what's right" (thémis) by their leaders in regards to the treatment of their *brothers* who died. Matt (p. 120-121) describes the suicide of a *brother* in the military family and the betrayal of "what's right' (thémis) by his military leader who refuses to honor his comrade.

The ancient Greeks, because their society was so highly militarized (every male citizen was a soldier), simply assumed the centrality of phílìa (Shay, 1994). In modern times, veterans have lost their jobs or alienated their spouses because they went to the aid of another veteran, whereas the action would have been understood and accepted had the other been a parent, child or other family member (Shay, 1994). Many contemporary peacekeepers are denied compassionate understanding because it is difficult to comprehend a love between men that is rich and passionate but not necessarily sexual.

Authentic communalization of grief work, such as communal meals in honor of the dead, rather than medicating grief or turning grief into a mental health problem to be treated by mental health professionals would help to communalize the trauma of loss in the military (Shay, 1994). In the military, grief leadership is needed not only among chaplains but among the platoon, company and battalion commanders. What kind of training is required for a commander to ask a dead soldier's closet friend to speak or read a prayer at a memorial ceremony, regardless of his or her rank? How do we provide common sense and compassionate training?

For healing to take place, peacekeepers need to voice their grief and love not only for their dead military *brothers* but the loss of innocence, the loss of their brotherhood, and their military careers. The word innocent has a double meaning of having done no harm and of being unacquainted with evil and malevolence (Shay, 1994). To encounter radical evil as described by the peacekeepers is to make one forever different from the trusting, "normal" person who safely wraps the rightness of the social order around them. Peacekeepers have existential authority over the language of good, evil and innocent. Grieving involves their lost innocence in both its meanings, as blamelessness and as unawareness of profound evil in the world (Shay, 1994). Simon (p. 167-168) compares the loss of innocence in the face of profound evil to the sexual abuse of children. It is interesting that Simon's comparison involves injury to the body in both instances.

The *Band of Brothers* is also lost once they are released from their military family. There is usually a community close at hand which is his or her surviving military *brothers*. OSISS groups have been established throughout Canada. As described by the peacekeepers (p. 244-254) these groups provide understanding and hope by those that the returning soldier can trust. Peer recognition, which allows peacekeepers to grasp that they "don't have to go through it alone" usually leads to a communication of experience in words. Trauma narrative imparts knowledge to their community that listens and responds to it emotionally.

In my practice, I helped to develop an OSISS group in South Western Ontario. In the earliest formation of the group, the individual experience was spoken and heard as part of the discourse of mutual affirmation and recognition: "We all went through the same thing". However, for healing to take place personal narrative needs to be particular, not general, as a person's suffering can't be measured against any other's person's suffering (Shay, 1994). As we have seen from the peacekeepers each excerpt describes their personal narrative of suffering while healing from the trauma of peacekeeping.

### The Military Response as Betrayal and Creating Trauma from Within

Shay (1994) has noted that any army ancient or modern, like a family, is a social construction that creates a world defined by shared expectations and values that successfully engender the new member's respect loyalty, love, affirmation, gratitude, and obedience. Some of these expectations and values are embodied in formal regulations, defined authority, written orders, ranks, incentives, punishments, and formal tasks and occupational definitions. Traditions, archetypal stories of things to emulate or shun, accepted truth to what is praiseworthy and what is not all make up the moral world of the military culture. The moral power of an army is so great that it can lead those who serve to step into enemy machine gun fire.

As translated by Fagles (1990), Agamémnon, Achilles' commander in Homer's *Iliad*, betrays thémis "what's right" (moral order, convention, normative expectations, ethics, and commonly understood social values) by wrongfully seizing his prize of honor, Brisêis a captive woman voted to him by the troops. Achilles' indignant rage shrinks his social and moral horizon until he cares for only a small group of his comrades. His closest friend in that circle, his second- in- command and foster brother, Pátroklos is killed in battle by Hektor. Profound grief and suicidal longing takes hold of Achilles; he feels he is already dead; he is tortured by guilt and that he should have died rather than his friend. Achilles renounces all desire to return home alive; and commits atrocities against the living and the dead. There are parallels that we can draw from the world of contemporary peacekeeping.

As we have seen in the excerpts, the hold that the military family has over each member comes to greatly exceed its moment- to-moment capacity to reward or punish and usually persists long after significant practical affiliation has ended. Often there is the invisible, unstated assumption that those who hold power in society exhibit loyalty and care in their fulfillment of (thémis) "what's right" (Shay, 1994). However, many peacekeepers expressed a sense of betrayal by their home-front government, politicians and the military. Because we have entered the world of peacekeeping where mortal danger lays waiting, the experience of betrayal of "what's right" (thémis) demands our full respectful attention. We must respond emotionally to the peacekeepers passages in order to understand their sense of injury inflicted upon them by their military family who violated "what's right". Thémis captures the scope of the betrayal felt by many contemporary peacekeepers.

In Chapter Four, many of the peacekeepers describe their sense of betrayal of "what's right" (thémis) when the Airborne Regiment was disbanded over the Somalia affair. Turning to the excerpts, Tim (p. 121-122) describes the disbanding as having his family ripped away from him. Matt (p. 122-123) described the betrayal of "what's right" by the holders in the government and the military of responsibility and trust. He describes how they disbanded the Airborne rather than fix the problem of the chain of command. Peter (p. 126-127) described that the government sent the Airborne Regiment into Somalia but didn't take any of the responsibility for their actions. To add insult to injury, Matt (p. 124-125) described Somalis protesting the Airborne Regiment as war criminals at the National War Monument instead of protesting where the responsibility lay with those in power at the Parliament buildings. The peacekeepers who were once proud members of the Airborne Regiment feel shunned as described by Matt (p. 125-126) attaching another layer of stigma by others in the military family. Adding further insult to injury, the Government is embarrassed into giving a medal (ironically the only one minted with the word 'honorable') in recognition of the AirBorne Regiment service in Somalia. However, as described by Matt (p. 127-128) the medal is given out privately behind closed a door which was really no recognition.

Similar to Achilles, the refusal of a commander or others, who hold the power to do "what's right," (thémis) whether it was honoring the death of a *brother* soldier, or acknowledging their responsibility for the Somalia deployment, or taking responsibility for the traumatized soldiers who survived their deployments, created more traumatic injuries or trauma from within for the returning peacekeepers.

In the *Iliad,* honor was embodied in its valuable tokens such as the best portions of meat, land grants, or as in Achilles' case, the prize of Brisêis and conferred by others for going into danger and fighting competently (Fagles, 1990). The returning peacekeepers were not honored and felt a sense of betrayal because the "right thing" (thémis) had not been done. Much of the military, the government and the public treated them with either indifference or, as in the case of the AirBorne Regiment, as outcasts who were shunned and disbanded.

Images of World War I and II veterans traveling home on military ships followed by ceremonies, parades and beautiful women weeping for joy contrast dramatically with the excerpts from the peacekeepers' experiences (p. 108-110) that describe coming home in isolation with no other soldiers to talk to about what happened and with little or no recognition. The recognition which was no recognition of the AirBorne Regiment who served in Somalia is one of the many examples of indifference towards those who served on peacekeeping deployments.

Veterans can usually heal from the horror, fear, and grief once they return to civilian life, so long as "what's right" (themis) has not also been violated by their military family (Shay, 1994). However upon their return home, the response of their military family to their suffering created further betrayal and trauma from within their military family. Matt describes (p. 181-193) his release from the military after seeking help for his traumatic experiences. He compares his experience to *Alice* falling down the rabbit hole with no one to help him find his way through the release process. Words such as 'shunned', 'broken', 'in the land of unloved toys' describe a visual image of the suffering inflicted by the language of the military family towards their traumatized peacekeepers. Matt describes the release process (p. 186-187) as 're traumatizing' as he is subjected to accusatory questions by a tribunal in an adversarial system. The word 'honorable' emerges from the text again (p. 191-191) when Matt describes that the loss of an arm or a leg would be an 'honorable' injury.

The release process is described by the other peacekeepers as ‘waiting to die’ (p. 197) and holding the ‘certifiable crazy card’ (p. 195-196). James describes how a leader (p. 198-199) blames the suffering peacekeepers for not seeking help even though he knows that this would be committing career suicide. Others like Thomas (p. 200-201) are very careful about coming forward for fear of being released from their military family. John describes (p. 202-203), that if he came out it would be a ‘red flag’ that would prompt his release. Paul describes (p. 201-202) that being “tagged” created not a great environment for him. Simon is the only one (p. 203-204) who had a ‘good boss’ who recognized his suffering and suggested that he seek help. However, Simon describes a good boss as ‘lucky’ or an ‘exception to the rule’ as described by Matt (p. 182). The release from the military as described by the peacekeepers only furthers their suffering and delays their healing.

Grieving the loss of their military career, described by Matt (p. 230) and Luke (p. 229), is essential for healing to take place. In order to heal, the military needs to recognize their responsibility for the suffering of their peacekeepers. There needs to be recognition to provide closure. Matt offers a simple suggestion (p. 192-193) for the military family to hold a parade where they would present the Wound Stripe to those who have an Operational Stress Injury (OSI).

Without recognition and closure, trust which was once an unthinking assumption and granted with no awareness of possible betrayal, is now a staggering accomplishment for peacekeepers. Blind trust in authority, position and credentials is a dangerous luxury of the still innocent (Shay, 1994). In summary, we need to learn how trauma damages the body, mind and the spirit, and work to change those things in the military culture that needlessly creates or worsen these injuries.

## Implications for Nursing Practice, Education and Future Research

Although as an Advanced Practice Nurse, I am discussing the implications in practice, education and research for nurses, understanding the experience of suffering and healing from the trauma of peacekeeping is important for all health care professionals as well as military leaders who come in contact with military personnel returning from peacekeeping deployments. Nurses, particularly mental health nurses, need clinical expertise and knowledge on suffering and healing from the trauma of peacekeeping deployments in order to provide the best care. Military and civilian nurses work in a variety of settings and are often the first point of contact for soldiers entering the health care system. Nurses working in doctors' offices, outpatient clinics, mental health care facilities and jails are in unique positions to identify and intervene with military personnel suffering from trauma.

The unspeakable and unpresentable cannot be understood in current healing discourses or modalities. The findings clearly show that embodiment and embodied engagement as articulated by Merleau-Ponty (1962, 1964) and Gadow (1995, 1999) is central to the experience of peacekeepers suffering and healing from trauma. Merleau-Ponty (1962, 1964) defined embodiment in a way that reflects how we live in and know our experience of the world in and through our bodies, especially through perception, emotion, language, movement in space, time, and sexuality. The phenomenal body is the only means of being in the world, consciousness is embodied consciousness, and a person is an embodied being, not just the possessor of a body (Benner, 2000).

However, embodiment is so often overlooked or minimized in discussions of trauma (Whitfield, 2004). We must not forget the embodied nature of healing when caring for peacekeepers suffering from trauma. Nurses need to return to the suffering of the pathic body, as described by the peacekeepers, to understand how trauma is lived. Embodied healing is done by peacekeepers, not to peacekeepers, as the presence of the body in life situations gives the other life existentials their meaning, i.e. time, space and relation. Nurses need to be truly present with peacekeepers who are suffering while healing from their traumatic experiences. In order to be truly present, nurses need to understand embodiment and embodied engagement as an interpersonal or relational experience between themselves and the patient. Embodied engagement and dialogue are essential features of the patient–nurse relationship (Hess, 2003). Embodied engagement commands the use of the entire self by the patient and nurse in understanding and in making meaning of the world and those experiences. Gadow (1999) described it as a mode of involvement that engages the entire self of the nurse, which includes the rational, emotional, esthetic, physical, and philosophical. The other aspects of life drawn upon in this relational embodied space include our connection to each other, our differences between each other, and our grounding in the world (Austin, Bergum, & Dossetor, 2003).

Little has been written about the importance of clinicians attending to their own embodied sensations, perceptions, and feelings in traumatic clinical situations (Raingruber & Kent, 2003). Within nursing, Wilde (1999) has elaborated on the compelling nature of felt sensations and the importance of listening attentively and recognizing subtle nuances of impression. This attentiveness to suffering's impressions brings greater clarity to practice; it brings an appreciation of human pain and possibility. Clinicians must understand more than what is said and observed; they must hear what is implied, perceived, and still ambiguous. Ambiguous feelings often find voice as embodied sensations, perceptions, and physical responses before they are understood on an intellectual level (Raingruber & Kent, 2003). Martinsen (1996) described that when nurses experience "something that has moved us physically . . . the senses assist the words in reminding us to allow space for the meanings to develop" (p. 29). As we take time to understand the significance of what would have otherwise been difficult to articulate, we become more merciful and responsive to the people's needs.

Bodily responses are stronger when one is deeply involved with and concerned about a situation. Gadow (1995) stated that the nature of care requires "not impartial detachment but cherishing, treasuring, profoundness of feeling" (p. 9). Thus, embracing embodiment on the part of the clinician means embracing both the patient's and the clinician's own vulnerability (Hess, 2003). To participate is to cultivate our own vulnerability, or at least our susceptibility to the suffering of being human. "When someone is suffering, one can respond with mercy immediately and with no additional thought or calculation" (Benner, 2000, p. 9).

Clinical practice benefits from the simultaneous call and response associated with strong embodied sensations. It has been argued by van Manen (1998b) that "nursing especially is involved in helping the patient, the elderly, the disabled, or the person who for reasons of circumstance is out of step with the body, to recover a livable relation with his or her psycho-physical being" (p. 7). In the nursing context, illness, pain, and disability are essentially constituted as embodied experiences (McDonald & McIntyre, 2000). Good nursing practice relies on the human backdrop of embodiment, and our embodied capacities that meet, comfort, and empowers vulnerable people (Benner, 2000). Embodied responses are markers of meaning from which clinicians can learn and grow (Thomas & Pollio, 2002). When clinicians listen to the piercing wisdom and the immediate knowledge of their body, they are more likely to make time to reflect and to develop an understanding of their experiences in personal, professional, and human terms (Raingruber & Kent).

The nurse–patient embodied experience is insufficiently present to us in the care encounter and is insufficiently valued and integrated into our generation of nursing knowledge (McDonald & McIntyre, 2000). There is an impoverishment of language about the body that accounts for our social, sentient, embodied ways of being in the world (Gadow, 1999). Nursing is concerned with some of the most intimate occasions in human life. Embodiment and embodied engagement offers a way to understand these occasions that are neither simply material, nor easily observable and measurable (Walton & Madjar, 1999). Nursing science needs to reinstate the embodied experiences of both the patient and the nurse providing care (McDonald & McIntyre, 2000). Embodiment and embodied engagement need to be incorporated into the development of best practice guidelines for the nursing care of contemporary peacekeepers.

There is both a practical and an ethical need to ensure that education on trauma is included in nursing and other health care professionals' general undergraduate programs. Nursing programs must include all forms of trauma including military related in the curriculum in order for nurses to be adequately prepared to assess and to begin to care for this population. Specialty programs are needed for advanced practice nurses (APNs) to acquire the knowledge and expertise needed to provide the care for traumatized military personnel to heal from trauma. In nursing education, we must create our own understanding of healing which emphasizes communalization of the trauma. We need to educate nurses to promote a public attitude of caring about the conditions that create such psychological injuries and an attitude that will support measures to prevent as much injury as possible. Nurses, as health care leaders need to advocate for increased resources to be directed towards prevention, intervention, and research.

Conducting a hermeneutic phenomenological study with biographical and narrative components has developed my clinical expertise working with peacekeepers who are suffering and healing from trauma. Every conversation in my study with the peacekeepers has added more richness and depth, which in turn broadens my understanding of the relatedness which connects me to the others through embodied approaches in care. Interpretive inquiry as an epistemological aim is a valid way of inquiry for nursing as direct description captures life as lived. It never reaches its goal, as some aspect of the lifeworld is made visible while some other aspect slips by (Cameron, 1998). While lived life can never be understood in all of its totality and complexity, it is important to make the attempt to live the tension between life as lived and our attempts to (re)present it. For nurses as well as other health care professionals in practice, education and research alike, human science inquiry offers a way into understanding the experience of suffering and healing from trauma.

Future studies both quantitative and qualitative are needed to address the efficacy of different treatment modalities in order to ensure that the best care is delivered to those suffering while healing from the trauma of peacekeeping deployments. Studies on best practices in the field for responding to the immediate care of the peacekeepers who have witnessed traumatic experiences are needed. As well wide sweeping educational programs must be implemented into all personnel employed by the military and this will take studies in organizational cultural change and transformation. Attention is needed as to what is the best way to address debriefing the immediate traumatic experiences before returning to Canada.

While in this study the military family and the *Band of Brothers* that support those suffering from trauma is highly significant, at the same time studies on how to prevent stigmatization by fellow military personnel are also urgently needed. In light of the present deployments of Canadian troops to Afghanistan, there is urgency for all the above future studies to respectfully address the findings in this study and to understand how to provide the best treatment approaches upon their return home.

## Recommendations for the Military

Although this study enriches our understanding of these particular peacekeepers' suffering while healing from the trauma of peacekeeping, it is also likely to be reflective of other military personnel who are suffering from trauma. Therefore, based on the findings from these ten peacekeepers, the following are recommendations for the military organizational culture.

It is recommended that the military be aware of the additional traumatization inflicted upon their soldiers suffering from trauma who are released without any recognition by their military family. A parade and the awarding of the Wound Strip is one simple suggestion made by one of the peacekeepers for recognition and closure.

Nurses and other health care professionals in the military have a responsibility to try and assist in making changes in the military culture for the benefit of those suffering while healing from trauma. According to Moccia (1988), "the role of nursing was always to extract from the bureaucracy, its hidden humanity and use it to 'civilize the system' to bring caring into interpersonal relationships, whether between the patient and the system or among colleagues working within the system" (p. 65). More peacekeepers like John, Thomas, Tim and Simon who are healing from the trauma of peacekeeping while still serving are needed to stay in the military in order to make changes in the culture for themselves and their peers who are suffering while healing from trauma.

More support groups like OSISS are needed in which trauma narratives can be shared safely in order to communalize their experiences. Further OSISS initiatives to change the culture of the military towards recognition and support of peacekeepers who are suffering from trauma should be supported by nurses and other health care professionals working within the military culture.

There needs to be additional training, education, and time prior to deployments about the social, political and cultural situatedness of different countries in order to lessen or prevent the sudden transitions experienced as described by the peacekeepers in this study. Time between deployments and multiple deployments need to be decreased in order to prevent or lessen the likelihood of exposure to cumulative traumatic experiences.

Peacekeepers need to be involved in policies and practices regarding the handling, location and the transportation of the remains of their fellow soldiers. The *Band of Brothers* is a continuum that extends from soldier to soldier to the whole military family. Therefore, the military leadership needs more compassionate training and expertise in regards to recognizing and assisting those fellow *Band of Brothers* who are suffering from the trauma of peacekeeping deployments to receive the care needed for healing to take place.

## Conclusion

Shay (1994) reminds us that in the *Iliad*, Homer made clear the need for reconciliation with the broader community at home. Shay, who has spent more than two decades working with Vietnam Veterans suffering from PTSD, tells us that Homer had "seen things that [those working] in psychiatry and psychology had more or less missed, things pointing to the root causes and consequences of battlefield trauma, things deeply connected to a human being's primal need for communal solidarity" (p. 197). What soldiers most need in war is a chance to grieve over the loss of their military *brothers*. But they yearn for something else as well. Shay reminds us that what a returning soldiers needs most is “a living community to whom his experience matters” (p. 198). The *Iliad*’s prevailing message on what is of value in life is not Achilles’ kleos aphthiton (unfailing glory), but rather the social attachments of the domestic world at peace (Fitzgerald, 1974).

Tragedy inclines us to prefer attachments to fragile mortals whom we love, like Odysseus who refused promised immortality and instead returned from war to his aging wife, Penelope (Fagles, 1990). I am convinced that Veterans of Peacekeeping deployments and Canadian citizenry should meet “together face to face in daylight, and listen, and watch, and weep” (Shay, 1994, p. 194) in a modern equivalent of Athenian tragedy that would honor our contemporary peacekeepers as “tragedy brings us to cherish our mortality, to savor and embrace each other” (Shay, 1994, p. 195).

Unhealed trauma limits the ability of peacekeepers to fully engage in the citizenry of the very country that they served in order for the rest of Canadian civilians to live in safety, peace and freedom. Until all wars are ended, Canadian men and women are needed to do the military work necessary for the ultimate establishment of world wide peace. In the face of this necessity, we must protect, honor and care for our soldiers when inevitably they are injured by the sacrifices made during their military service. I feel there is no contradiction in wanting to end wars while providing our soldiers with the best care possible to heal from the trauma of peacekeeping deployments.

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## Appendix A: Letter of Invitation to Participate

**Study Title: The experience of contemporary peacekeepers healing from trauma**

**Investigator:** Susan L. Ray, RN, PhD Candidate

Faculty of Nursing, University of Alberta

Phone: 519-661-2111 Ext.85225 E-mail: slray@uwo.ca

**Supervisor:** Dr. Brenda Cameron

Faculty of Nursing, University of Alberta

Phone: 780-492-6412 E-mail: brenda.cameron@ualberta.ca

I am a nurse who cares for individuals who have suffered from painful experiences because of peacekeeping missions. I am interested in speaking to peacekeepers who worked in Somalia, Rwanda and the former Yugoslavia.

I would like to invite you to join in a study with me. I want to understand the experience of what it is like to heal from situations that happened during the time you were a peacekeeper. This study is part of my doctorate studies in nursing.

The purpose of this study is to develop a deep understanding of the experience of peacekeepers healing from trauma. I am doing this study to help me understand how to best care for peacekeepers who suffer from events that happened when they were a peacekeeper. In this study, you will be asked to talk about your experience of healing from the trauma of peacekeeping activities. I will ask you to participate in one to three conversations with me. These conversations will last about 60-90 minutes. I will talk with you at a time and place that will be best for you. When I am finished the conversations, I will meet with you again to show you what I have written from the conversation. I will do this to make certain that I understand your experience accurately.

You do not have to be in this study, if you do not want to be. If you do want to leave the study, you can leave at any time. You just have to let me know. There will be no harm or direct benefit to you if you are in this study. Results from the study may help, nurses, doctors, and other health care professionals, learn more about the experience of peacekeepers healing from trauma. It might help nurses give better care to peacekeepers healing from trauma.

Your real name will not be used in this study. Only a code name will be used for any part of the study. Your code name will be used for the taped interview and when it is typed. Your real name and code name will be kept in a locked covered, and I will be the only one with a key.

The information and the results of the study will be written up to be published and may be presented at meetings. I will not use your name or anything that would show your identity. If there is anything you want to ask about this study at anytime, you can call or send an e-mail message to me or my supervisor. My phone number and e-mail address are at the top of the page. If you would like to be part of this study, please call or e-mail me.

## Appendix B: Information Letter for **Participants**: Research **Conversations**

**Title: The experience of contemporary peacekeepers healing from trauma**

**Investigator:** Susan L. Ray, RN, PhD Candidate
Faculty of Nursing, University of Alberta
Phone: 519-661-2111 Ext.85225 E-mail: slray@uwo.ca

**Supervisor:** Dr. Brenda Cameron
Faculty of Nursing, University of Alberta
Phone: 780-492-6412 E-mail: brenda.cameron@ualberta.ca

The **purpose of this study** is to understand the experience of peacekeepers healing from the trauma of peacekeeping. I am interested in peacekeepers who have worked in Somalia, Rwanda and the former Yugoslavia. I want to understand what your experience of healing from these experiences is like.

**What will happen in this study?** In this study, you will be asked to talk about your experience of healing from the trauma of peacekeeping. You and I will talk one to three times at a time and place that is best for you. These talks will last 60 to 90 minutes each time. The conversations will be tape recorded and then typed. After the conversations are finished, I will write them as a story. I will meet with you again to go over the written story to make certain I have understood your experience well.

The questions you will be asked in this study are: “Please tell me about your experience of healing from trauma? What is the experience of peacekeeping and how did it lead to trauma? Are contemporary ways of treatment helping you to heal?

I will answer any questions you have about your participation in this study at any time.

**Staying in or Leaving the Study:** You do not have to be in this study if you do not want to be. If you do want to leave the study, you can do so at anytime. You just have to let me know.

**What can happen if you are in this study:** There will be no harm or direct benefit to you if you are in this study. However, you or I may stop the interview at any time especially if the recall of trauma becomes too upsetting to continue. The issue will be discussed and if necessary a plan of action will be developed. If needed, I will direct you to the appropriate professional support system. The results of this study may help nurses and other health care professionals learn more about the experience of peacekeepers healing from trauma. It might help nurses give better care to peacekeepers healing from trauma.

**Making sure of your privacy:** Your real name will not be used in this study. Instead a code name will be used for everything, including the taped interview and the typed copy of the interview. Your real name and your code name will be kept in a locked cupboard. I will be the only one with the key. The typist will sign a form to say that she will not tell anyone anything she hears on the tapes.

The results of the study may be published or presented at meetings. Your real name or anything that links you to the study will never be used. If there is anything you want to ask about this study at any time, you can call me or my supervisor at the phone numbers given at the top of the page.

If you want to be part of this study, you will be asked to sign a consent form. You will also be asked to think of a fake name that will be used for anything to do with the study. Your real name will not be used at all. I may want to use the data from the study for more research. If you agree, I will make sure that I get approval from an ethics committee before I start that study.

If you have any concerns about any aspect of this research project, you may contact the Faculty of Nursing Research Office and speak with Dr Kathy Kovacs-Burns at 780 492 3769.

## Appendix C: Consent to Participate in Research

**Title: The experience of contemporary peacekeepers healing from trauma**

**Investigator:** Susan L. Ray, RN, PhD Candidate
Faculty of Nursing, University of Alberta
Phone: 519-661-2111 Ext.85225 E-mail: slray@uwo.ca

**Supervisor:** Dr. Brenda Cameron
Faculty of Nursing, University of Alberta
Phone: 780-492-6412 E-mail: brenda.cameron@ualberta.ca

**Part 2 (to be completed by research participant):** Please circle either "Yes" or "No":

Do you understand that you have been asked to be in a research study? Yes No

Have you read and received a copy of the attached Information Letter? Yes No

Do you understand the benefits and risks involved in taking part in this research study? Yes No

Have you had an opportunity to ask questions and discuss this study? Yes No

Do you understand that you are free to refuse to participate or with draw from the study at anytime and that you do not have to give a reason and it will not affect your care? Yes No

Has the issue of confidentiality been explained to you? Do you understand who will have access to your records? Yes No

Do you agree with the use of the data for the purposes described? Yes No

Do you understand that the data for this study may be analyzed in future studies? Yes No

This study was explained to me by: ____________________________

I agree to take part in this study.

| | |
|---|---|
| Signature of Research Participant /Date | Witness |
| Printed name | Printed Name (Witness) |

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

| | |
|---|---|
| Signature of investigator | Date |

If you would like a copy of the final report of this study, please sign here

Signature ____________________________

Printed Name ____________________________

## Appendix D: Confidentiality Agreement for Transcriptionist

**Title: The experience of contemporary peacekeepers healing from trauma**

**Investigator:** Susan L. Ray, RN, PhD Candidate

Faculty of Nursing, University of Alberta

Phone: :

**Supervisor:** Dr. Brenda Cameron

Faculty of Nursing, University of Alberta

Phone:

**I agree to protect the individual's right of privacy and confidentiality by not disclosing the name or any other pertinent characteristic which could lead to the identification of the study participants.**

**Transcriptionist**

______________________________ ______________

Signature Title

______________________________ ______________

Printed Name Date

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